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[T. BAILEY, WELLINGTON STREET NORTH, STRAND.

PSOAS ABSCESS, BY SIR B. BRODIE.

Arranged and prepared from Notes, by W. T. KAY.

N. I. was admitted, 23rd May, 1839, with a small tumour in the left groin, of the size of an egg, which had gradually increased, unattended with pain. After walking the limb swelled—occasional pain in the back, which was attributed to cold. The swelling has not increased much, tumour elastic, and fluctuating, situated under Poupart's ligament, occupying the whole anterior part of the thigh, perceptible impulse on coughing, angular projection of the spines of the two or three lumbar vertebræ. In this case you would suspect lumbar abscess. This is a term often used without its exact meaning being understood; the erroneous notion now existing with respect to it, originated with Mr. Abernethy, who considered it to be an abscess of the psoas muscle, occasionally complicated with disease in the vertebræ, but regarding this vertebral disease not as the general rule, but as the exception. Mr. Samuel Cooper, also, in his surgical dictionary, says that the vertebral disease is not unvariable, that it is not always the cause, but an effect. In answer to these questions, Sir B. Brodie asks the question, why is the seat of the disease in the soft parts? Should abscesses more frequently form in the loins than elsewhere? He has examined the bodies of a great many, and always found either disease of the vertebræ, or of the cartilages, or of both: he mentioned one case of abscess in the loins discharging itself above Poupart's ligament on the right side, and a lumbricus came out, and then there was a manifest alteration of the intestine. In some cases the disease perhaps may not be detected. Although there is a hole in the vertebræ only sufficient to admit a probe between them, the central part of the inter-vertebral substance may be absorbed. The disease is generally in the lumbar vertebræ; sometimes it has originated in the dorsal, in the posterior mediastinum, and matter has descended between the cruræ of the diaphragm and pointed at the groin.

Dorsal abscesses more usually come to the surface, and make their way to the side of the abdomen, and are often stationary for a long time, more so than abscesses in the groin. In order to trace the pathological history of caries of the vertebræ, you must look out for cases when persons die from other causes. At the first the bodies of the vertebræ are soft, you can cut them with a knife; they are more vascular in the first instance, but this diminishes, ulceration takes place at different places, and goes on to extensive destruction of the different bodies; in other cases the bone is in its natural state, the cartilages become altered, they have a brown colour, lose their semi-fluid character, become more brittle, then ulcerate, and the bodies of the vertebræ become affected secondarily. In other cases, neither of these circumstances occur, but chronic inflammation sets up in the bone, it is as hard as natural, vascular, and of a dark colour. The loins are as liable, or more liable to this disease, than other parts, but there is a difference between this disease, as it occurs in the loins, and other parts—if the cartilages are diseased, the bones approximate, the spinous processes become prominent, causing an angular projection. Usually the angular curvature does not occur in the loins on account of the size of the bodies of the vertebræ in this region, and the necessary great extent this disease must go to produce it; besides, the spines are short, pass directly backwards, and do not project so much. Ulceration of bone and cartilage may go to a great extent without the formation of matter; but especially after a time matter forms in connexion with the disease, sometimes it makes its way out at once, and whilst there is a little matter in the cartilage, there may be a great deal out of it. Abscesses bear no proportion to the diseases producing them. If the matter is deep-seated and does not easily escape, it goes on forming until there is a large abscess. A young lady had a small bit of dead bone at the root of the trochanter, matter formed under the fascia, and extended along the whole of the outside of the thigh. In the same way slight disease of the vertebræ may cause a large collection of matter. The tumour usually present under Poupart's ligament at the anterior part of the thigh, and not being much bound down by fascia, makes a large projection. Sir B. Brodie has known it present along the inguinal canal. Another place is the side of the sacco-lumbalis muscle, in the angle between it and the iliac spine. A distinction has been drawn between lumbar and psoas abscesses, but no real difference exists, it is the same disease; if it affects the front or sides of the vertebræ it will take the course of the psoas muscle; but if it affects the vertebræ posteriorly, it may present backwards, considerable alteration takes place in the figure of the spine. When there is the angular projection, we generally suppose there is some destruction of the bodies of the vertebræ. The symptoms are generally insidious; frequently there is little or no pain, the health fails, the patient becomes hectic, and the tumour presents itself. In other cases there is slight pain, and after months or years a tumour makes its appearance. Other cases are attended from the beginning with severe pain, preventing stooping or exercise, and afterwards the abscess shows itself. The difference in the symptoms would indicate a difference in the original malady. When there is little or no pain, it is usually the scrofulous disease of the bodies, where, at first, they are soft, more vascular than natural, and the cells filled by serous fluid; but afterwards they become less vascular, and instead of a serous fluid you have a cheesy matter. When there is much pain you have usually chronic inflammation of the bones or in the inter-vertebral cartilage. The progress is different in different cases, it is often very slow. Sir B. Brodie met with a case where the symptoms had existed for nearly ten years.

Treatment.—Should be similar to that of other abscesses connected with other parts of the hip. When it points, make a free opening, and let the matter run out of itself, not using any compression. If you make a small opening the orifice becomes blocked up with flakes, if only a moderate one, you will have to compress, which should never be done in acute abscesses; pressure gives pain in chronic ones, bring on inflammation of the cyst, hæmorrhage from its inner surface, and severe constitutional disturbance, and frequently, indeed, death. This inflammation will sometimes take place, even under ordinary circumstances, where you merely open the abscess, but it will recur continually if you use compression. Place your patient in a recumbent posture always; the matter runs out, the cyst contracts, a sinus is left; admitting a probe to the disease, there is little discharge; sometimes the orifice heals—sometimes not; because it heals the patient is not therefore well; if it heals, open it earlier next time, if it does not, so much the better, but let it have its own course. Abernethy, regarding it as an abscess of the soft parts, recommended you to open the abscess, and then let it heal; open it earlier next time, and let it heal again, and so on earlier each time, so as to get a gradual contraction and obliteration of the cyst. Sir B. Brodie never knew this practice successful. You may think the patient well so far as the orifice heals, but it will return; the disease is in the vertebræ, and still exists; the abscess is only its effects; this method in many cases is mischievous. Abernethy introduced a trocar and let out the matter, and then brought the edges together: the cyst does not contract so as to obliterate the cavity entirely; the cyst is elastic and may be sucked in, which although not injurious in living cavities, is nevertheless so in these abscesses, where the matter always exists and becomes putrid if air be admitted. You have a shining hot skin, brown tongue; a large abscess forms again, the matter is not healthy, but putrid and offensive. In many cases you have bleeding afterwards from the puncture, and if the orifice is closed, the blood passes into the cyst, mixes with the pus, and putrifies.

Your object is to amend the disease and the constitutional condition causing it, for diseases strictly local are very rare. Perfect rest is absolutely necessary when these symptoms of the scrofulous affections above mentioned are urgent; fresh air, sea-side, with bathing, and continued courses of steel. When the disease is in the cartilages of the bones, there is much pain; put the patient under the influence of mercury for a short time, and give sarsaparilla; as to local treatment in the scrofulous cases, the less the better, except perfect repose.

In the other cases, which do not assume a scrofulous aspect, and there is violent pain, caustic issues in the loins are very successful.

Remarks.—The particular case under notice, of N. I., shows the difficulty which sometimes exists of making out the real nature of the disease: here, then, is curvature of the lumbar vertebræ, but not exactly like the usual angular curvature from two or three spinous processes projecting. This may be nothing, but Sir B. Brodie suspects it differs from common cases; the tumour was first supposed to be lumbar abscess, and it was proposed to open it with a lancet, but for the sake of precaution a grooved needle was introduced, and nothing but serum escaped; this exemplifies the use of these needles in assisting diagnosis, they never do harm; you may puncture the knee-joint if you doubt its contents. This case, then, is not a collection of matter, nor lumbar abscess, but Sir B. Brodie thinks there is caries of the vertebæ; although serum is no new occurrence to him, he is afraid of opening collections of serum.

Synovial membranes secrete serum or tendinous sheaths. You may have a tumour under the scapula originating in a tendon of the shoulder joint; suppose you have a collection in a bursa, harm often, though not always, results from opening it; inflammation may come on, with severe constitutional disturbance, assuming the character of rheumatism. You may have a blow, and consequent extravasation of blood under the fascia of the thigh; the blood coagulates, and you have serum in the cavity; you open it, and perhaps no harm results, but the next day another collection occurs: but in other cases harm does result, inflammation may come on, and collection of matter form. The first rule of our art is to do no harm. You see, then, Gentlemen, in what respects this case differs from ordinary cases of lumbar abscess.

SICKNESS.

Dr. Macleod has known distressing sickness yield to creosote, which however, after a time, lost its effect, and prussic acid was given with the same benefit, but only of a temporary duration; he has then given five grain doses of sulphate of magnesia, and has seen a more permanent effect result from this, than either of the former medicines. Mr. Phillips has found an infusion of the leaves of the walnut-tree an invariable remedy for distressing sickness; he uses an infusion made with a handful of the leaves to two pints of water, which should be macerated for 24 hours.—He gives ℥j for a dose when the sickness is troublesome. It is an extremely agreeable remedy.

AMENORRHŒA.

For a case of this kind Mr. Walker prescribed a

combination of Ferri Sulphas—Zinci Sulphas—Ext. Conii—and Pil. Aloes Comp. He was asked whether he found the sulphate of zinc beneficial in amenorrhea, he replied he did, but especially in cases complicated with leucorrhea.

Mr. Babington found the following to be very efficacious in certain cases;

℞. Pil. Ferri Comp. gr. iij.
Ext. Sabinæ
Ext. Aloes aa. gr. j.
M. ft. pil. sine ter die semenda.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

urth Report on Medical Empiricism.—Presented at York, August 3, 1841.

In directing your attention, for the fourth time, to the important subject of medical quackery, we feel it unnecessary again to occupy your valuable moments with details explanatory of the extent and evils of this hydra-headed system. These have already been fully and sufficiently exposed in our former communications, and the question must now be so familiar to all acquainted with our proceedings, that any additional evidence would be both irksome and superfluous.

The difficulties we have at present to contend with are therefore not those arising from deficient information, but from the diversity of opinion and feeling which continue to exist among the members of the medical profession, in respect to the policy or practicability of attempting the suppression of empiricism by legal penalties and restrictions.

It is to this question that we shall venture, on the present occasion, more particularly to direct the attention of the Association, as on its right comprehension depends how far legal restrictions against quackery shall be incorporated in the contemplated measures of medical reform; or whether so flagrant and dangerous an abuse shall be left to those tardy executioners of error and imposture, viz., "the diffusion of knowledge," and the "common sense" of the public.

Regarded as an abstract question, perhaps few if any differences of opinion would be found to prevail, all being sensible of, and all fully admitting, the great evils inevitably arising from the ignorant and indiscriminate application of medicine; but, when the subject is discussed with a view to impose legal restraints upon quackery; to call upon government to protect the public from the fatal practices of ignorant and unprincipled men; to ask them to withhold their practical support of so injurious a system, by withdrawing their licenses and stamps; to point out the utter insufficiency of the powers vested in the existing corporations; to show the injustice of enforcing long and expensive courses of education, where no privileges are legally secured, and no protection afforded; when these are the objects brought prominently forward and strongly enforced, it is then we discover the discordancy of our views, and the opposing opinions which prevail, as to the nature and extent of the measures it would be desirable to adopt.

If we, therefore, for a moment advert to some of the more frequently urged objections against legislative interference, and again attempt very briefly to expose their feebleness and fallacy, we crave the indulgence of the Association, on the ground, that until greater unanimity exists on the part of the profession, as to the policy and desirableness of enforcing legal penalties on the quack, and for still more penally restricting the circulation of his nostrums, no radical improvement can ever take place, no effectual protection for the public be secured, nor the privileges of the qualified practitioner be properly upheld.

No medical reform, let it be remembered, can ever be accomplished, unless it originate in the strongly expressed will of the great body of the medical profession; and if quackery is ever to be checked, *we* must be the assailants; and our opposition, to be felt, must be *decided* and *combined*. Urging, therefore, the members of the Association to what we believe to be just views upon this point, is an essential preparatory measure for obtaining effectual redress.

Some objectors lazily avail themselves of the palpable facts of the case, dwelling upon the great extent of the evil; the infinite gullibility of the public; upon quackery existing *in*, as well as out of the profession, thence deducing the hopelessness and absurdity of all legislative interference. If themselves somewhat victimized by the system at whose dimensions they are scared, a momentary sympathy may be excited in the labours of those who are zealously but hopelessly opposing it; or if their path be easy and their pockets well lined, they take shelter under a spurious liberality, and magnanimously resign themselves to abuses of which they are personally independent.

Others, again, take their stand upon the principle, that as all governments are venal, there is no chance of reform at the expense of the revenue; but they are willing to unite to any verbal extent in their denunciations of empiricism, admitting at the same time that they have never given the subject their particular consideration.

A third class — pretended advocates for the liberty of the subject—assert that any attempt to suppress quackery by law would be firmly resisted by the British public, which would never consent to be dictated to, as to what drugs they should swallow, or as to what doctor they should consult; such objectors being ignorant of what the legal suppression of empiricism really means, and forgetting the rather important fact, that this same public has for centuries quietly submitted to repeated legislation on the subject, which has hitherto proved insufficient, not because it was hostile to the popular notions of personal liberty, but because it was wholly inadequate to the extent and nature of the abuse it was intended to rectify. One great object of all chartered medical bodies was to suppress and punish the unqualified pretender—justly regarding him as a nuisance to society, and as amenable to the laws as any other public offender. Asking for efficient means to carry out the principle which has constantly been admitted, and to a certain extent acted upon, is therefore consistent both with precedent and reason.

No one can be so foolish as to suppose it to be either desirable or practicable to interfere with the private conduct or feelings of any individual, as to the advice or medicine he may see fit to select; but it is clearly the duty of the state to protect all against the false pretensions of ignorant and unprincipled men, who pretend to knowledge which they do not possess, who circulate their nostrums under the grossest lies and mis-statements, and who avowedly traffic upon public ignorance and credulity.

A fourth class—the creation of the nineteenth century—fluently declaim upon the "diffusion of knowledge," as the great destroyer of quackery; and amuse themselves by future visions of popular familiarity with the laws of health and disease, anticipating a neutralising power in the public mind, which will instinctively recoil from the base arts of the empiric, and establish the reign of science and common sense in our land. These are enthusiasts in their recommendations of popular treatises and lectures, and the whole current of their thoughts and hopes seem to flow in an imaginary stream of public enlightenment, which is disturbed in its progress by all measures of a more direct and practical character, but less complimentary to the march of intellect, and evincing less confidence in the all-prevailing power of popular wisdom.

These amiable romancers seem to forget that the world has already lasted more than six thousand years, and that during that tolerably long probationary period, no record yet exists of quackery retreating before popular education; but, on the contrary, its greatest triumphs are among the most civilized communities, and many of its supporters and victims have been educated far beyond the standard which the most sanguine of modern worshippers of knowledge can ever suppose will characterise that of the mass. England is the very hot-bed of quackery, and the boasted nineteenth century its most flourishing era. If its pretensions are not now clothed with the superstitious badges of a darker age, they are yet equally at variance with the first principles of reason, and equally demonstrative of human weakness and credulity. To look forward to a time when the public mind shall be steeled against humbug and imposture, is to indulge in the wildest extravagance, and to foster expectations which all past experience pronounces as hopeless and vain. It would be just as reasonable to set aside all human government, on the ground that a time is coming when crime shall cease, as to withhold restrictions upon quackery, upon the plea, that it will ever be erased from the long catalogue of human knavery and folly. "This destructive monster," says Dr. Symonds, in his admirable retrospective address, "shows no signs of decripitude in these days of refinement, but rather rejoices in the vigour of a lusty manhood, culling its victims almost equally from among wise men and fools; not less from the ranks of the delicate, the high born, and highly cultured, than from the coarse and illiterate vulgar. Many have flattered themselves that they might see it sink into gradual decline, and die a natural death; but of this there is little probability, while it finds so large a store of the proper food in the ignorance and credulity of the public. If (he says) we are to witness its downfal, let us indulge no delusive hope of its tottering from its own weakness and decay, it must come to a violent end, and that by the hands of a legal executioner."

There are still others, who, endowed with exquisite sensibilities, shrink from coming forward and demanding the legal suppression of empiricism, on the plea that, as members of the medical profession, they are personally interested in the result, and it would be indelicate on their part to interfere.

With such we confess we have no sympathy. Their tender consciences forget that, as medical men, they are bound to *protect* as well as to serve the public, and that the dangers and abuses of quackery are precisely those evils which they are called upon to expose and, if possible, to prevent. They are alone either able or entitled to do it, and to withhold their efforts from the fear of imputed selfishness of purpose involves a laxity of moral courage, which we trust will find but few imitators among the members of a liberal profession.

Having thus rapidly adverted to some of the more frequently urged objections against our uniting as a body in demanding legislative restrictions upon quackery, we shall now briefly direct the attention of the members to those points in the present aspect of empiricism, where government may easily and effectually interfere.

No one can deny that it is in the power of our rulers to withdraw the sanction of stamps and patents, which are indiscriminately affixed to any nostra which the most ignorant may see fit to compound, and which are now freely circulated under government authority, without the slightest examination of their value, or the slightest limitation of the statements with which the projector may see fit to accompany them. The public necessarily attach importance to these symbols of protecting power, and are naturally inclined to suppose that government would not allow or sanction anything which they believe to be consistent with the public good. Against this open patronage of quackery we have a right and are bound to protest.

As a legally constituted profession, and as guardians of the public health, we have also a right to demand that no individuals be allowed to practise medicine without a legal qualification to do so; and that no nostrum be advertised or recommended to the public, unless its value and safety be previously ascertained by competent authority. Also, that all institutions established for the cure or relief of disease, be declared illegal, unless conducted or inspected by legally qualified medical men.

As protectors of the national health, as members of various corporate bodies, expressly constituted to provide an efficient medical education, and for restricting the unqualified, we are morally bound to petition for, and on public grounds to urge strongly the enforcement of the above regulations; and there is no doubt, that were we firmly and unitedly to express our opinions upon the subject, we should succeed in obtaining more efficient pro-

tection for the public and ourselves than has ever yet been afforded.

That the above measures would materially diminish the extent and fatality of medical quackery, that they would greatly curtail the number of guilty speculators, and, if properly enforced, annually save the loss of much health and many lives, no one at all practically acquainted with the question can hesitate to admit; and whether we succeed in obtaining their enactment or not, it is equally our duty fearlessly to expose the evils of the system, to suggest the remedy, and to urge redress.

To place empiricism under the ban of illegality, to withdraw it from the limits of legal sanction and protection, to deprive it of the powerful assistance of the press, are objects simple and practical in their nature, and no less certain in their results.

Let us, therefore, steadily seek their attainment, and whether pursued in connexion with more general measures, or singly advocated, let us think no reform to be sufficient in which they are not fully included.

Whatever professional grievances and abuses may exist within our ranks, and they are many, nothing can justify the continuance of those now more particularly alluded to; and we believe that both the usefulness and respectability of the medical profession would be materially increased by firm and consistent legislation against whatever violated either its privileges or its interests.

Destroying quackery without would doubly degrade its promoters in our own ranks, exposing them to penalties from which they are now exempt, and ensuring the contempt and reprobation of every upright and reasonable mind.

Professional quackery is of all others the most culpable and disgusting, and we feel that one element of its destruction is the moral consciousness of our collective honour, which associations like our own tend to engender and encourage..

If such be our influence, may we long flourish and continue, hostile to abuses wherever they may exist, and sensitively alive to our individual and corporate purification.

HOSPITAL REPORTS.

KING'S COLLEGE HOSPITAL.

CASES OF GRANULAR DISEASE OF THE KIDNEY.

John Fisher, aged 31, a milkman, was admitted into Sutherland ward on the 19th of April, under the care of Dr. Todd. He is an intemperate man, drinking freely of porter and gin. He was quite healthy until six months ago, when he was much exposed to cold and wet, and caught a violent cold. He had cough, with greyish expectoration, great dyspnœa, and palpitation, which was much increased by exertion, and which soon compelled him to keep to his bed. He says that at this time he had inflammation of the chest, the chief symptoms being great pain in the right side of that region. He kept his bed for six weeks, and at the end of that time first observed that his body was puffed in various parts. He noticed the swelling first in the face, then in the feet and ankles; the abdomen became swollen at the same time. During the six weeks mentioned the bowels were much affected, and he had severe pain and purging of a black-looking fœtid matter. For the last two or three months he has been complaining of dyspnœa and a slight cough, with mucous expectoration; occasional palpitation of the heart; the legs have been more or less œdematous, and the abdomen swollen. The urine has been rather scanty, and he has passed it frequently. At present there is great œdema of the feet and legs, and ascites; the face and eyelids are puffed. He has dyspnœa and frequent cough, attended with frothy expectoration; pulse 100, feeble; skin dry. The chest is resonant on percussion; rather less so over the inferior part of both sides behind; respiration pure in front; some large crepitations behind at the inferior part. No impulse of the heart is perceptible, the sounds are distant and feeble; there is no abnormal bruit; the urine is pretty copious, of smoke-brown colour, specific gravity 1010; it gives a cloudy precipitate on the application of heat, or on the addition of nitric acid; appetite pretty good; some thirst; tongue clean; bowels open. Cupped in the thorax to sixteen ounces. To have a sixth of a grain of potassio-tartrate of antimony, six grains of nitrate of potash, and an ounce of water, every five hours.

Urea was found to exist in the blood and saliva, by the use of the common salt test.

April 20.—The heart's action is much more natural, the sounds clearer, the impulse is feeble; breathing easier; cough less troublesome; the face is less puffed; the quantity of urine is about three pints in twenty-four hours. Add to each draught a twelfth of a grain of tartar-emetic. To have a hot-air bath.

22. The breathing is easier; the countenance much improved; expectoration less frothy; sounds of the heart clearer; appetite good; less œdema of the legs; urine less cloudy; pulse 105; tongue whitish. Continue the medicine. To have beef-tea. The urine is very acid. Nitric acid and heat give a cloudy precipitate.

23. Perspired a good deal during the night; no nausea or vomiting.

24. Pulse 108, soft, rather fuller; respiration 30; perspired for about two hours during the night; the perspiration was preceded by heat of skin and feverishness; the skin is now quite cool; bowels regular; specific gravity of urine a little below 1010; second sound of the heart very feeble.

25. The heart's impulse is heard over a more extended surface than natural. To have twelve grains of Dover's powder and eight grains of nitrate of potash at bedtime; to have a quarter of a grain of elaterium early in the morning, or at noon.

27. Slept well, and perspired profusely about one o'clock in the morning, for about an hour, all over the body, but so much about his head as to wet his nightcap; he perspires now a little whenever he goes to sleep; skin cool; bowels confined, having been unacted upon by the elaterium; expectoration less. To have half a grain of elaterium twice a-day.

28. Swelling of the legs much reduced; heart's sound more natural, and second sound louder; pulse 100, feeble.

29. There is a decided diminution of the precipitate in the urine, both by heat and nitric acid. The precipitate by nitric acid is small and cloudy, and floats on the surface of the fluid. Urine increased in quantity, specific gravity 1015; anasarca diminished; bowels slightly opened twice a-day; tongue clean. To have a mutton-chop. Ordered to take half a grain of elaterium three times a-day.

May 1.—Specific gravity of urine 1013; the elaterium made him sick, and purged him; anasarca and ascites diminished; pulse 104; tongue clean and moist; appetite good; heart's sounds louder. To have half a pint of porter.

3. Perspired a little in the night; anasarca nearly gone. Go on with the elaterium.

4. The skin of the legs is less scurfy, and the œdema much diminished. Perspired freely for about two hours in the night all over the body; heart's sounds clearer and more distinct. The impulse is scarcely perceptible to the hand, but the sounds, with this exception, are normal. Pulse 100, weak; abdomen less swollen, and fluctuation less distinct; urine more natural in colour; the precipitate is very much diminished in quantity; specific gravity 1015. Repeat the hot-air bath

8. Last night he had a violent pain in his right shoulder, which continues, but is not so severe; specific gravity of urine 1020; deposit of albumen less; ascites less, but not completely gone. Omit the elaterium. Repeat the hot-air bath at night.

11. Anasarca nearly gone.

18. Had a bath last night, and perspired copiously; pulse 108; swelling quite gone, and he feels much stronger; specific gravity of urine 1017; the addition of nitric acid produces a slight cloudiness; bowels confined.

June 3. Is convalescent; no trace of urea in the saliva. Discharged, apparently in good health.

H. L., aged 52, a widow, charwoman, was admitted into Augusta ward, under the care of Dr. Todd, on the 24th of June, 1841. She is of a sallow complexion; never had any children. She has usually enjoyed good health. About six weeks ago she was seized suddenly, after being much fatigued, with pain in the left side, and shortness of breath, with a swelling of the whole of the upper part of the body. For these symptoms she was bled the next day, and took some purgative medicine, which she says made her mouth sore. About four days after this the swelling left the body, and went into the thighs and legs. The pain in the side was very severe, and continued for four or five days, when it gradually became better. She was at that time much troubled with palpitation, but she has not felt it lately; her strength has been much reduced, and she has lost flesh considerably. Last week she began to have a pain shooting up the right side of the head, which still continues. At present the pain in the head is still severe, and there is slight puffiness of the face. There is no swelling of the arms and body. Both legs and thighs are anasarcous; and there is considerable hardness of the cellular tissue on the backs of the feet, particularly in the right foot. She has no pain, with the exception of that in the head.

The urine is of a smoke brown colour, and with heat and nitric acid throws down albumen in considerable quantity, specific gravity 1010; bowels open; skin cool; tongue clean and moist; pulse 70; heart's action natural; no difficulty of breathing; chest sounds well on percussion; catamenia ceased three years ago; appetite good. To have a hot-air bath every night at bedtime, and to take five grains of Dover's powder and five of nitrate of potash three times a day. To be placed on middle diet.

June 26. To have a hot-air bath. The saliva and blood are found to contain urea when tested by the muriate of soda.

27. She perspired freely after the bath yesterday, and felt relieved by it. The pain in the head continues; the swelling is unaltered; bowels confined; pulse 80. Repeat the hot-air bath to-morrow. To have half a drachm of the compound jalap powder to-morrow morning.

29. Had an attack of diarrhœa yesterday, and therefore did not take the powder. Had the hot-air bath repeated yesterday. The swelling is a little reduced. To have an ounce of the compound chalk mixture every three hours.

July 1. The diarrhœa has ceased; the urine is altered in colour, and is now of a pinkish hue: the swelling of the legs is much reduced. Omit the chalk mixture. Continue the use of the powders. Repeat the hot-air bath.

2. The urine is of a light pinkish hue; the quantity of albumen is slightly diminished: the colour is not altered by nitric acid; specific gravity 1011.

8. The ammonia is much reduced, and she expresses herself improved. Bowels open; appetite better; urine of a smoke-brown colour, contains a large quantity of albumen. Add a sixteenth of a grain of tartar-emetic to each powder.

13. Complained yesterday of pain in the bowels: she took a dose of castor-oil, which opened the bowels freely, and relieved the pain.

15. The bowels are relaxed, and she has griping pains in the belly, and some tenesmus. Omit the tartar-emetic, and apply eight leeches to the epigastrium.

Aug. 3. No swelling in the legs, but complains of pain in them. Countenance much improved; specific gravity of urine 1012; albumen much diminished. To have ten grains of Dover's powder at bedtime.

18. Discharged, very much improved.

During the last fortnight she has complained very much of pains in her limbs, for which she uses the hot water bath instead of the hot air. Her aspect is much improved, her pains relieved, and the urine natural in appearance; the swelling of the legs entirely gone; appetite good; no traces of urea could be discovered in the saliva or the blood.

LACERATED WOUND OF THE ARM, INVOLVING THE ELBOW-JOINT—QUESTION OF EXCISION OF THE JOINT OR AMPUTATION—CLINICAL REMARKS BY MR. FERGUSSON.

William Potts, aged 16, was admitted under Mr. Fergusson, on the 6th of August, at half-past five, p.m., in consequence of a severe injury of his right arm, produced by the machinery of a printing-press.

On examination, an extensive division of the integuments was found on the posterior part of the elbow, through which the articular surfaces of the bones were visible. The external condyle of the humerus was broken off, and lay loose in the wound; the olecranon process of the ulna was broken away, and the point of the coronoid process was also driven off. There were marks of contusion on the forearm and arm, and the textures in the immediate vicinity of the joint were severely injured.

Mr. Fergusson saw him soon after his admission, and after a careful examination of the parts, considered amputation the only resource, as any attempt to save the limb seemed inadmissible, and likely to be attended with more danger to life than the removal of the member. Amputation was accordingly performed by the double flap operation, opposite the insertion of the deltoid. The edges of the wound were held together with stitches; union by the first intention took place, and nothing unusual happened in the progress of the cure.

The limb was again inspected after the operation, and in addition to the injuries previously observed, the muscles in the forearm and arm were found severely contused, and blood was extensively extravasated among their fibres, and in all the surrounding textures: the humeral artery was apparently uninjured, but the ulnar nerve was denuded, contused, and seemingly overstretched.

In his subsequent observations on this case, Mr. Fergusson stated that there were several circumstances of considerable importance in its history, which he thought worthy the attention of the pupils. There were three methods of practice which he had had the option of following, viz., cleansing and dressing the wound, placing the parts in a favourable position, and leaving the case, in a great measure, to nature; performing excision of the ends of the bones, leaving clean-cut surfaces instead of contused and lacerated, as presented by the wound; or the total removal of the parts above the seat of injury. The first of these plans he should most willingly have preferred, had he entertained any hope of being able to have saved the limb; but the compound comminuted fracture, compound dislocation, and severe injury to all the textures in the vicinity, seemed to preclude any hope of this kind: the latter circumstance induced him to reject the method of excision; for, though the wound in the skin and the condition of the bones seemed favourable to this practice, and it might have been exceedingly easy to remove the injured ends of the bones, he did not deem the case, in other respects, a proper one for this operation, an operation which he thought too valuable in practice to be carelessly injured in character by the selection of a very questionable case for its performance. He had sent the practice in question adopted in a somewhat similar instance, in which, however, the destruction of parts seemed less extensive; and here, as in various other cases which had come under his notice, the result had been such as to induce him to recommend caution as to the indiscriminate performance of such an operation.

Amputation, under all the circumstances, seemed the most advisable proceeding, and the dissection of the limb clearly evinced its propriety.

Mr. Fergusson also directed attention to what he considered a practical matter of great consequence in this operation. To the surprise of several of the pupils, the limb was divided much higher up than seemed to them necessary, as the skin for several inches lower down appeared sound and uninjured; but, he observed, that though the skin gave no indications of the extent of the injury to the textures which it covered, the muscles, nevertheless, displayed various marks of contusion, such as ecchymosed spots in different parts, even as high up as the seat of amputation. He imagined that in such a case as this, when amputation was done so soon after the injury, there was not sufficient time for the integuments becoming much discoloured, or evincing any alarming appearance; yet this case afforded a good opportunity of enforcing the rule of practice he had pursued; for though during the operation he had removed a small portion of muscle on one of the flaps which appeared to him in a suspicious condition, another smaller portion in a like state, which he had left, had actually sloughed, the slough, however, being so small, that it was correct enough to state, in the usual sense of the term, that the stump had healed by the first intention.

His object in alluding to this point, was to caution against the practice of amputating in the immediate vicinity of such a wound, as he had repeatedly seen sloughing ensue to such an extent as to leave stumps by no means creditable to good surgery.

In this instance Mr. Fergusson used threads of caoutchouc in making the sutures, and stated that his experience in the use of this material had not yet been such as to induce him to give an opinion of its value; he wished the pupils to watch for themselves the trials he was making of it in different cases at present in the hospital.

ON THE ADVANTAGES OF COUNTER-IRRITATION.

By JONATHAN TOOGOOD, Esq., Senior Surgeon to the Bridgewater Infirmary.

The efficacy of counter-irritation in arresting the progress and promoting the cure of disease is well known, but I do not think the extent to which it may be advantageously carried is so well understood. I would not advocate its rash and dangerous use as practised by some, although experience has convinced me that a more free employment of this powerful remedy often leads to successful results. The following cases will illustrate the benefits derived from large issues in diseases of formidable character. I prefer this mode of keeping up counter-irritation to setons, blisters, or moxas, and believe it to be more manageable, more effectual, and less painful. I am not sure that the actual cautery (barbarous as it may appear) should be entirely abandoned, and have sometimes employed it in diseases of bone with manifest advantage.

Case I.—A young lady of twenty consulted me many years since on account of a swelling in the groin, which was supposed to be a hernia, and for which she had been wearing a truss, under the advice of a medical practitioner. There was a curvature and disease of the lumbar vertebræ, and it became evident that the tumour in the groin, which had been mistaken for inguinal hernia, was occasioned by the pointing of an abscess. I accompanied her to London, and consulted the late Mr. Cline and Sir Astley Cooper, who both confirmed the opinion, but held out no hope of recovery. Under the direction of my estimable preceptor, Mr. Abernethy, (to whose kindness and instruction I am mainly indebted for my success in life,) she was encouraged to strike at the root of the disease by counter-irritation, and to maintain her general health by diet and regimen. I made an issue on either side of the curvature, large enough to contain, in each, forty small horse beans, which was attended to daily, and kept open for upwards of two years. During this long period she was not entirely confined to the house, or to a horizontal posture. By day she rested on a couch which was fitted to a small four-wheeled carriage, on which she took exercise, and had the benefit of air. A screw placed at the upper part, raised the head and shoulders at pleasure, so that she could work, draw, and amuse herself in a variety of ways, and, by pushing the lower part of the carriage under a table, she was able to join her family at meals, all of which rendered her confinement less irksome. Under this treatment her general health gradually improved, the swelling diminished until the contents of the abscess were absorbed without any external opening, and she obtained a complete and lasting cure. She was married shortly afterwards, and has since enjoyed uninterrupted good health for more than twenty-five years.

Numerous cases of this kind have fallen under my observation, but this is the only one of permanent recovery I have ever known; and although the maintenance of the general strength of the system may have assisted much in the cure, yet I attribute it chiefly to the local remedy so extensively employed and assiduously kept up.

Case II.—A woman thirty years of age, who had been suffering from a disease of the leg, of considerable standing, which had resisted all the ordinary means of cure, and was condemned for amputation, consulted me on the propriety of having the operation performed. The limb measured twenty-two inches in its smallest circumference, and was become useless; there were sinuses on the inside, some of which were supposed to lead to a diseased bone. I could not detect any with a probe which passed into diseased cellular substance; in fact it appeared that the disease was confined to that and the integuments, which were hard, unyielding, and much resembling brawn. Baynton's plan of plaister and bandage was tried fairly without success, after which I made

a large issue, containing between twenty and thirty peas on the outside of the limb, which in a month reduced it greatly, and, at the expiration of another, all the sinuses were healed, the leg had regained its original size, and the cure was completed.

Case III.—A boy, eleven years old, was brought to my house, a distance of twelve miles, in a cart, with enlargement of the thigh-bone, and a small wound on the inner side of the limb, just above the condyle, which was suspected to communicate with a lumbar abscess. The disease had been of long standing, and the patient was much emaciated. To the great surprise of the friends, the femur was discovered on examination to be broken, and this was most probably occasioned by his removal; having been seen by the surgeon under whose care he had been the day before, who had not observed it. The diseased state of the bone explained all the symptoms, and as there was no evidence of any affection of the vertebræ, I directed a large issue to be made on each side of the fracture, and kept open for many months. The bone united firmly, and the boy recovered perfectly.

Case IV.—A delicate lady, who had suffered so much from an affection of the chest as to make her friends apprehensive that her case might terminate in consumption, had an acute attack of inflammation of the lungs, from the effects of which she recovered so slowly, that the former fears of her family were considerably increased. She was advised to try the effect of counter-irritation as a precautionary measure, for which purpose an issue of the size of a crown-piece was made on the sternum, the good effects of which soon became apparent, and, by keeping it open for a year, the pulmonic symptoms gradually disappeared, and she regained her strength. Five years have now elapsed since the attack, during which time she has enjoyed excellent health, and appears free from disease. In this case, a piece of Indian rubber was used instead of peas, and found less troublesome and more convenient.

Dr. Prichard coincides in opinion with me, that large issues are decidedly more beneficial in intense diseases than any other mode of keeping up counter-irritation, and recommends, in certain states of the brain, issues made by a long incision in the scalp, over the sagittal suture. He says, "This remedy is not found in experience to be more painful than the more usual application of setons, and it is incomparably more efficacious."

In affections of the chest and trachea, and generally in all cases in which moderate counter-irritation is necessary, I have been in the habit of employing the following liniment with marked benefit:

Croton oil, one drachm;
Tartarized antimony, two scruples;
Rectified spirits, two ounces.

It is more effectual and less painful than the ointment of tartarized antimony, or any other counter-irritant with which I am acquainted.

FATAL CASE OF CONVULSIONS IN AN ADULT FEMALE,

Complicated with Inflammation of the Right Ovary, Fallopian Tubes, and of the Utero-vaginal Mucous Membrane.

BY MARTIN HAMILTON LYNCH, M.D.

Miss ——, aged twenty-three, and resident in the northern suburbs of Newcastle, although of the leucophlegmatic aspect, and very soft muscular fibre, had enjoyed good health until two months ago, when the menstrual discharge did not appear, and has been since absent. During these two months, she has laboured under various hysterical symptoms, globus, borborygmi, and hysterical laughter, sobbing generally succeeding seizures of hysterical syncope. She had been much better for some days, when (yesterday, 24th of June, 1838) she was attacked by convulsions, having the appearance of epilepsy, and recurring every five or ten minutes, from their invasion up to the time of my first visit, when I met in consultation Mr. William Dawson. The indisposition of the last two months was ascribed to intense mental anxiety.

June 25.—Having prolonged my visit for half an hour, I witnessed during that time five attacks of convulsions, very like the epileptic; the tongue was protruded and bitten, the mouth distorted, consciousness was lost, saliva was copiously discharged, but coma (even of the briefest duration) did not follow the paroxysms, and intelligence and memory returned the moment the convulsions ceased. Each paroxysm lasted from half a minute to a minute, and the interval between them varied from four to eight minutes. Immediately after the paroxysm, the pulse was 90, soft and compressible, and gradually fell to 84, until again quickened by a return of the paroxysm. Head rather hot, feet cold, rest of the surface moist, and of natural heat; pale urine was passed in considerable quantity this morning; her eyes were not suffused nor injected, nor has she had headache, confusion of thought, or *tinnitus aurium;* bowels were freed by purgative medicine two days ago. She complains of distressing pain in the right iliac region.

One ounce of spirits of turpentine to be taken immediately, and, if necessary, followed in four hours by an equal quantity of castor-oil; head to be shaved, and cold lotion applied constantly; assafœtida enema. Mustard foot-bath.

Jars filled with hot water were ordered to be placed between and beside her feet and legs.

26, 11 P.M.—The bowels were yesterday well, and promptly emptied by the turpentine, and the other treatment was carried into effect without delay.

From three o'clock on Sunday afternoon to ten P.M. of the same day, she was comparatively free from convulsions, and had only three or four paroxysms. At ten o'clock she took twenty-five drops of Battley's solution, and slept tranquilly during several hours of the night. This morning, after awaking, she was again convulsed, but the intervals of ease are much longer than before the treatment commenced, varying from twenty minutes to half an hour, until half-past four this afternoon; pulse, felt about a quarter of an hour after the fits, varies from 80 to 85, and is very soft and small. At half-past four this evening, the intervals became as short as ever, and still remain so. No coma or loss of intelligence; pain in right iliac region still much complained of. During the forenoon and afternoon of Monday, the 26th, the bowels were again freely and easily moved, (by a mixture containing infusion of Senna and Rochelle salts,) and the cupping was repeated. Pale urine passed freely. We have simply ordered that the cloths should be kept applied to the head during the night, and that she should immediately take half a grain of mur. morph.

From this period until the 28th, when she died, (about 68 hours after the first seizure,) the paroxysms recurred with the greatest frequency. The left arm was palsied for some hours before death, but there was no coma, and when roused from the extreme exhaustion produced by the often-repeated convulsions, she evidently understood all that passed around her, although the injured state of her tongue rendered it almost impossible for her to speak.

Necropsy.—Substance of the brain and spinal cord everywhere free from the slightest trace of vascularity, and presenting the natural colour and consistence. Dura mater healthy; pia mater covering convolutions presenting a very trifling vascularity, so trifling that it would have escaped notice, if the examination had not been very scrutinizing. No thickening or opacity of the arachnoid in the neighbourhood of the vascularity; very slight vascularity on the surface of the upper portion of the cervical cord; no fluid in the ventricles, or in the sheath of the spinal cord; mucous membrane of the vagina and uterus injected and softened; left ovary healthy; right ovary swollen and much injected; right Fallopian tube also vascular; left nearly as vascular. From each Fallopian tube and right ovary are suspended by pedicles oval sacs containing transparent fluid. The walls of these sacs exhibit a vascular arborization; hymen perfect. Lungs, heart, and abdominal viscera healthy.

REMARKS.

Shortly after I had witnessed the progress o this very peculiar affection, I took the trouble of searching a vast number of the works or journals most likely to contain similar or analogous cases, but failed to discover one bearing the slightest resemblance to it; whether it be considered an extraordinary specimen of hysterical convulsions, (the view I am inclined to take of it,) or be deemed an instance of cerebro-spinal disease, somewhat like certain formidable and obscure cases mentioned by Abercrombie.

The very circumstance that it cannot be collated with any published reports, is sufficient to prove that positive and satisfactory inferences cannot be drawn from it, for medicine, as practised by the well-trained and cautious English physician, is a purely inductive science, not permitting its professors to jump to conclusions from the examination of an isolated fact, however carefully it may have been observed and recorded. Nevertheless, this case furnishes abundant materials for reflection and speculation; I shall, therefore, proceed to weigh the value and examine the signification of the symptoms, as it were, checking them by a reference to the dissection; and secondly, I shall make a few observations on the treatment.

That the patient did not suffer from epilepsy, was sufficiently shown by the absence of coma or stupor after the paroxysms of convulsions, by the previous existence of unequivocal hysterical symptoms, and by the extremely frequent recurrence of the convulsive attacks.

The following reasons go very far to prove that the disease did not consist in inflammation of the brain proper or spinal cord, or their membranes; there was no coma, stupor, or delirium; there was no pain of the head or back; there was no fever present; the urine from the very commencement was pale; and finally, the dissection exhibited the substance of the brain and cord perfectly healthy, and a very trifling and partial vascularity of the pia mater, as is often witnessed in the bodies of persons having died from diseases altogether unconnected with the cerebro-spinal mass: indeed, it is astonishing that the brain and membranes were not congested after the frightfully frequent seizures of convulsion. I have said that the urine was pale from the commencement, because I believe, that although the urine is sometimes pale in cases of myelitis or spinal meningitis, it does not present this appearance at the early stages of these inflammations.

Now, supposing the disease to have been hysterics, one cannot but be struck by several curious features which it presents when viewed in this light; it ended fatally in sixty-eight hours; there were unequivocal signs of inflammation discovered on dissection, in the right ovary, Fallopian tubes, &c., signs which

suggest the following question: Did the inflammation seated in the genital parts, acting by means of irritation of the nerves supplying these organs, produce the convulsions, or was this inflammation simply coincident with the convulsions? The circumstance that the pain in the right iliac region was present from the beginning, is calculated to favour the former opinion, the admission of which tends to prove that at last morbid anatomy has thrown some light upon the uterine origin of hysteria, which has hitherto been accounted for by reference to systems alone.—*Prov. Med. Jour.*

TO CORRESPONDENTS.

BOOKS RECEIVED—

The Physiology of Digestion, considered with relation to the Principles of Dietetics. By Andrew Combe, M.D. 2nd. Edit. Pp. 350. Edinburgh: Maclachlan and Stewart. London: Simpkin, Marshall, and Co.

A Concise and Practical Treatise on the principal Diseases of the Air-Passages, Lungs, and Pleura. By Alfred Catherwood, M.D., C.M. Pp. 208. London; Duncan and Malcolm.

Lectures on Chemistry, including its Application in the Arts. By Henry M. Noad, Lecturer on Chemistry. London: Scott, Webster, & Co.; R. Hastings. Edinburgh: Maclachlan, Stewart, & Co. Dublin: Hodges & Smith.

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THE MEDICAL TIMES.

FUNDAMENTAL GOVERNMENT OF THE PROFESSION.

"They manage these things better in France."—*Sterne.*

"It has been truly remarked that the French have a greater aptitude for SYSTEM than ourselves."

So far as we have gone, we shall now, in compliance with our former resolution and proposal, take up our comparisons with France and other foreign countries, which, in whatever instance, their example may deserve to be followed.

In France, medical polity and medical legislation are brought to a degree of perfection, which, viewed as a whole, are not equalled in any other country of Europe. In 1793, the learned corporations of medicine and surgery were abolished, and in 1803 and 1810, the profession was re-organized upon the present admirable and almost unexceptionable system. In the interval between 1793 and 1803, there being no legal restriction of IRREGULARS and QUACKS, the profession was then in a state of anarchy, anomaly, and abuse, precisely resembling its *so called* legitimate condition in England during these last 316 years, in consequence of the dis-incorporation of its splendid and gorgeous corporations and colleges of surgeons under a despotic monarchy, without anything being put in place of them. The overwhelming upas of Quackery in France, which followed, then afforded an example identical with the picture of the profession in England in the present, as well as past time. In 1793, we repeat, that in consequence of, and in compliance with, the rhodomontade and fever of ultra-revolutionary and republican extravagance, the regular admission of physicians and surgeons was abolished, and Dr. Johnston, in his 'History of Education in France,' says, "those physicians and surgeons, who had studied their profession, saw themselves *confounded with those*, who were *almost ignorant* of it." This is now generally the case in England, where no distinction is made by the public or the three classes of society, except in the greater favour and preference of the wholly ignorant, utterly incompetent, and all sorts of Quacks. Johnston continues this "tableau vivant:"—"The lives of the citizens were in the hands of men as *rapacious* as they were *ignorant*. Credulity was abused by the most dangerous empyricism, and as *no proof* of QUALIFICATION *was necessary*," *(and it is just so in this country even now, the more to our disgrace and infamy,)* "the science of medicine seemed on the point of falling into decay."

We need only look at home to see the parallel of this state; for what do we see here? Do we not see routinism, dogmatism, system, canting hypocrisy, fallacy, and folly mixed up in private practice? Do we not see that giant curse of the country, exclusive and corrupt power, influence, interest, cemented in a bond of social and private despotism, as well as the hydra of quackery, in every chamelion-like form and shape? Do we not see all these vampyres and many more triumphing over the neglect, obscurity, discouragement and oppression of medical merit, talent, genius, and skill? As to "decay" of the profession, indeed, do we not see it *rapidly decaying*, through excessive and low contaminating competition, in respectability, and in all the indispensable means for its decent support? This licentiousness was thought, in 1803, TOO BAD even for the French republic of the Bonnet Rouge and Sansculotte, as we begin to think of our own hodge-podge; and in 1803, thoroughly disgusted with the results of a LIBERTY ALL profession, they set about the constitution of a simple, efficient, and perfect system of Medical Education.

The three universities of France—Paris, Montpellier, and Strasburgh, and the twenty-one secondary schools, were organised without corporations, and an UNIFORM system was fixed by law. The profession was divided into four separate and well-educated classes—physicians, surgeons, officiers de sante, (i. e., general practisers) and apothecaries, of whom each, though *one* is very *objectionable* as a public nuisance, is compelled to go through a REGULAR education, and *limit himself to his own department:*

By-the-bye, we ought to have mentioned in our last that there are now in England fifteen or sixteen provincial schools, which are as follows:—

1. Bristol, two; 2. Bath, two; 3. Birmingham, one; 4. Hull, two; 5. Leeds, one; 6. Liverpool, three; 7. Manchester, three; 8. Sheffield, two; 9. Newcastle, query one?—We are not quite certain of correctness.

The apothecaries reported, in the evidence before the Select Committee of 1834, to this effect—that "The pupils in the provincial schools were restrained from idleness, dissipation, and vice, which is not generally the case in London, through living under the surveillance of their friends and parents. They come up better educated and possessed of far more knowledge, and are much more seldom rejected than ORDINARY apprentices to the GENERAL PRACTISERS and SELF-DIRECTED students in London." We are pleased with this set-off for the twenty-one secondary schools of France. As to morals, we dare say the apothecaries are right; but, as to science, we shall contrast Sir Astley Cooper's and some other opinions on that head. In France the Parisian pupils unquestionably take the priority before all the pupils of the provincial schools, for which there are obvious reasons.

The general plan, which is now well known to many, but not the bulk of our profession *in the country*, is this. The physicians and surgeons, who are UNIFORM in EDUCATION, RANK, DEGREE, and PRIVILEGES, are compelled to pass to the degrees of Bachelors of Letters and Sciences, after two years' study of both in the University, unless they come up prepared. This previous GENERAL and PRELIMINARY EDUCATION is indispensable to all the members of what is called a LEARNED and LIBERAL profession. They are then compelled to devote nearly four whole years to the practical and operative study of Medicine and Surgery, and submit to FIVE sound and practical examinations. To unite the physician and surgeon, the student must undergo an extra examination in surgery. The Pharmaciens, or Apothecaries, are infinitely better educated men than the Licentiates of the Apothecaries' Society in London, or even Dublin, though it must be admitted that the education of the Apothecaries in both capitals has been prolonged and improved by the last and recent regulations. But the French apothecaries, after the fashion now proposed for the druggists, are not permitted to practise medicine and surgery, which is an admirable regulation, and prevents that wholesale mutilation and murder which in England and Ireland shocks our eyes and ears in every country town, from their interlopings. Irregulars and Quacks are strictly prohibited, and when detected, are amenable to the Government of the Interior, and by the police laws are taken to a Corps de Garde, and then to the Cour Correctionelle, by which they are fined and imprisoned by summary process.

Neither patent medicines nor quack nostrums are permitted to be sold, until the composition of them has been divulged to the Academy of

Medicine, and then, if they be harmless, the vendor is licensed to sell and advertise them upon STAMPED BILLS, which brings a revenue to the French Government. All quack advertisements, placards, and wall chalkings, ought to be taxed; but in England it is proposed to compensate the government for the remission of the stamp duty, and have it repealed altogether. Quack medicines are a disgrace and nuisance to this country. The fact is, in France all unqualified and unlicensed persons are prohibited from practising either as sham or mock physicians, surgeons, officiers de sante, (surgeon-apothecaries), or midwives, all of which swarm with impunity in England.

In all the other continental countries, except Spain, men are not permitted, as they are in England, save within London and seven miles of its precincts, and that a prohibition seldom exercised, to practise as physicians and surgeons, without any education at all, either general or professional.

The superiority of the continent over ourselves in medical polity and legislation, and in system and medical education, is such, that we are imperatively called on to adopt the maxim —"FAS EST AB NOSTE DOCERI!" Well may Dr. England, of Norwich, and thousands of other respectable reformers, exclaim, "Is not the literary, scientific, and professional education of the doctors of medicine and surgery, in Germany and France—especially those who have graduated at Berlin, Gottingen, Leipzig, Heidelburgh, Paris—secured by a system of education immeasurably superior to that which is generally prevalent in this country? Can the most bigotted conservatist of error deny the existence of anomalies in our institutions, which retard the progress of medical science and the profession? To my query, every liberal man who has had opportunities of personal observation must reply in the affirmative." (*'W. England on the Necessity of an Inquiry into the State of the Medical Profession.' Norwich: July* 4, *Med. Gaz.* 1833. *A capital paper!*) Dr. England, like ourselves, is the advocate of the free, equal, and uniform exercise of the profession, as proclaimed in our last article.

We shall proceed, in a future article, to a SKETCH of the ILL FATE and fall of the old French colleges of 1793, and corporations, by way of a timely warning to the few who resist the rights of the many, and plunge all into corruption and confusion.

CORRESPONDENCE.

To the Editor of the 'Medical Times.'

THE next gentleman is Mr. M'Cann, of Parliament Street. He is another stiff, sturdy, Dutch-built Irishman, with brawney shoulders, four feet square, and other qualities characteristic of the Paddy Carey family.—He possesses a sharp intelligent eye, dark hair, ruddy cheeks, and *a blue beard.* His laughing, good-natured features laid the foundation of his success in winning the affections of a very elegant and wealthy lady, who was pleased to lead him by the royal road of matrimony to immediate practice and notoriety. He had all the materials to second her kind intentions. Once in a house, the devil himself would not get him out. Ten to one he is a favourite with maid and mistress before half an hour has elapsed, while others were studying in the groves of the Lyceum or Academus. He studied and graduated in the Groves of Blarney, and we frequently find that its bachelors speak a language, and acquire a knowledge of the avennes of the human heart, that gives them an advantage over the graduates of other Colleges. He has a very good practice, and is in the very best situation in London. He has a respectable share of the nobility under his care. His success has made him the subject of the slander and misrepresentation of his less fortunate rivals.

"With a just disdain of every paltry sneer,
Stranger alike to flattery and to fear."

He only replies to them by the increase of the numbers of his patients. He has recently sported out a carriage and a pair of greys, which circumstance nearly caused the death of one or two of his rivals. An old surgeon used to say, a medical man who gets into a large business, is not unlike a hen who has the pip, all the others are sure to peck at and try to injure him. This homely simile simply expresses a fact that has been generally noticed and acknowledged, namely, that the medical men are to each other the most illiberal of all the learned professions. In a large city, where merit and prosperity are considered as cause and effect, the artifice of outward show is by no means unnecessary to ensure success. The charge they urge against him is, that he is a man *audacia perditâ*, and that he has a power of grace which his countrymen get the credit of possessing that enables him to push himself into consequence and notice, in which struggle or race they declare they have no chance of contending with him. We call that tact, or talent, or diplomacy.

They say that his name in the papers is always appearing. An inquest, an accident, or some incident conferring ephemeral publicity, brings him before the eye of the public. He is indeed in this respect singularly fortunate. He seems to have some dealings with the devil, or possesses the omniscience of a witch. A gentleman or lady meditates suicide by drowning or hanging, or any romantic mode of putting an end to 'the ills that flesh is heir to.' Mr. M'Cann is sure to be passing at the very moment of the tragic discovery, and puts in force all the resources which art and great presence of mind could suggest. Ubiquity is another of his accomplishments. At Regent's Park or Westminster, it is all the same—by some necromantic process that we read of in times gone by, he is ready at hand. Asmodeus, or the devil on sticks, that untiled the houses of Madrid for the edification and instruction of his pupil, has come to London and taken M'Cann under his patronage. When the desperate regicide fired at our gracious and well-beloved Queen, her guardian angel had M'Cann in attendance. He at once pronounced him insane, and forwarded to every dowager duchess a lock of the horrid monster's hair. This delicate attention won golden opinions for the Doctor from the ladies of high degree. He is particularly professional and *recherche* in his attire. He has a good strong substantial understanding, of which he is not a little proud. He encases them occasionally in a pair of well-built Hessians. To the eye of the virtuoso, they seem to depart from the symmetry of the Apollo Belvidere. They bend gently outwards, and accommodatingly form a cove, or harbour, for the little dears among his patients to take refuge in, while he fondly descants upon the budding beauties—upon the promise of their dumpling countenances. If it happen to upturn the ugliest and most shapeless piece of animated putty that ever disfigured the face divine, the fertile imagination of the Doctor can see charms in it which never existed, and makes the mother believe it realizes the highest flight of fancy's sketch—the dreams of the most partial parent. His visits to the Council were few and far between, his votes always honest. He took the measure of the little great men of the Association, and treats them with corresponding contempt I do not wonder at. Some one has said, and justly, that the most disagreeable two-legged animal in the world, is a little great man, such as Hall or Webster, and the next, these little great men's toadies, tools, factotums, or friends. He is, to sum up, a cheerful, clever, warm-hearted, hospitable fellow. In Green, Simpson, M'Cann, and Hilles, there is a purity of motive, a disinterested desire for reform, unalloyed by personal interest, that contrasted advantageously with the selfishness and manœuvring game of the men we have and are to pencil. He is too fond of the figure hyperbole; Munchausen or Colonel Crockett are fools to him. He only requires you to believe one-fourth of his barridage. The Secretary, I beg pardon, the Honorary Secretary, is a very exalted personage, standing about six feet in his stockings, with a proportionately elevated notion of his own importance, of strange and outre appearance, owing to the prolific crop of hair which he encourages and wears *à la Paganini.* He has rather a juvenile or boyish appearance; this is heightened by the girlish expression of his countenance from the effeminate abundance of hair with which the os sublime is smothered. Notwithstanding the disadvantage under which he takes so much trouble to place himself, he is a good-natured amiable-faced man; and although one of our ministers observed, on seeing a very tall French Ambassador for the first time, that such men were like very high houses, the attics of which were generally the worst furnished apartments, it meets with a refutation in Harrison; he is a sensible, industrious man, independent in thought and action, and for this latter quality disliked by the clique, who tried on one or two occasions to oust him, and bring in a poor creature, a stick, a squeezeable material, who had no mind of his own, and must speak by deputy, and just cunning enough to yelp the key-note of his masters, of which cripple we shall give a sketch when we come to the *small fry.*

In the views which we have expressed in our last number our worthy Secretary warmly coincides; several members of the society have retired in disgust. Members of the Association are daily refusing their subscriptions in consequence of their unwise proceedings, of their frivolous and improper application of the public money, against which, he assures us, he protested, and we believe him. It is only in accordance with his general straight-forward and manly demeanour we denounced the low intrigue that has been enacted there; he declares to us that he has been made the victim of it.

We mention those things "more in sorrow than in anger." We do not wish to destroy, we wish to reform the Association. Let us but see the faintest glimpse of a return to good sense, and our strictures shall cease to appear. He is no friend that flatters a man in a foolish course of action. He admonishes first and then reproves. We prefer the principles of the British to the Provincial Association. The first contends for an incorporation or amalgamation of all ranks of the profession, a compliment justly paid to the general practitioner that implies his fitness and capability to sustain the highest station. Although this might be in

some cases impracticable, and in other cases unjust, yet it is much more liberal, and a closer approximation to justice, than the proposition so dogmatically laid down by the latter, that stamps the general practitioner with ignominy and inferiority, and elevates the artificial and spurious dub to a rank to which he has given no evidence that he has the least title or pretension to, save that which some musty or obsolete record of some ancient King's favour to some servile corporation has for 20 or 30 pounds conferred upon him, and which as a test of talent, or as a valid proof of professional attainment, is just worth as much as it would fetch in a pawnbroker's shop.

The result of all this misconduct is, we have retrograded rather than advanced, we have not gained a step, on the contrary the corporations have gained confidence, have recovered from their panic, and anticipate victory from the weakness and imbecility of the Associations. The prospects are gloomy in the extreme, disunion and diversity of opinion paralyze their powers. With the Provincial the great body of practitioners can never with zeal and dignity co-operate—with the British they never will join in great numbers so as to give weight and importance to their deliberations as long as they see their own laws violated, until men of more decided character, of a higher order of intellect, appear among them—until the good ship be manned with an abler crew to steer her through the rocks and quicksands by which she is encompassed—until wiser and more moderate principles be proclaimed, which would dispel distrust and conciliate opposition. We do not counsel mendicant supplication or inefficient measures, we counsel what we believe to be prudent and practicable; we know nothing was ever won by pusillanimous proceedings; we hate the cant of servility which disguises itself under the whine of moderation. While we make every allowance for medical men entering into a career so foreign to their usual pursuits, in undertaking the arduous and difficult task of organizing, moving, and marshalling large masses, in laying down laws for their government, and unfurling the standard, or propounding the principles for which they are to contend. We still contend that the council never adopted the means that would command success; that in their eagerness, as it invariably happens, they went too far. This has been the error of the Association. The O'Connell plea will not justify their policy or palliate their want of judgment. Educated men would not unite unless they fully understood the end and aim of the union. The best proof of the truth of these averments is, the paucity of the members enrolled; neither Sir Robert Peel nor the Wh gs would ever sanction the destruction of the present Medical Institutions. If the rational and constitutional principle of self-government had been sensibly and temperately urged upon them, both parties would have been obliged, consistently with their conduct in the Corporation Amendment Bill, to have conceded it to medical men, and this representative principle would have gradually impressed the wishes and wants of the profession upon the governing bodies, and ultimately worked out the regeneration, emancipation, dignity, and respectability of the profession. Several gentlemen (unless some understanding takes place) are determined to develope those views, viz., general registration, uniform education, and, above all, the representative principle, to the members and licentiates of the different colleges and corporations, at the ensuing public meeting of the profession, in October, inst. Messrs. Smith, Crisp, and the very zealous and consistent James, in our next.

PROBE.

ON RESPIRATION.

Translated from the German of Rudolphi. By T. S. BECK, Esq., Lecturer on Surgery, at Sydenham College, London.

No. II.

As I have already mentioned, the larynx is uninterruptedly in action in respiration. During respiration the arytenoid cartilages are drawn asunder by the muscles which pass between them and the thyroid and cricoid cartilages; hence the rima glotidis becomes opened. In each inspiration, on the contrary, the same cartilages, by their peculiar muscles, (arytenoidei) are drawn towards each other, and the rima glotidis becomes shut. In birds and amphybiæ, in whom collectively the epiglotis is wanting, the movement is very easily seen by drawing the tongue forwards in the former, or by bending back the under jaw, or cutting a portion of it away, in the latter. This I learnt in my experiments with frogs mentioned before. It was first observed in the mammalia by Le Gallois, and in man by Mende.

The superior part of the larynx, covered by a mucous membrane, and plentifully supplied with nerves, is manifestly the watchman for respiration, so that neither carbonic acid gas nor fluids can enter the rima glotidis; if the want of the epiglotis in phthisis laryngea, or the attempt to keep back the vomited matters in vomiting, or violent movements in the water, or other accidents, as laughing whilst drinking, do not allow of foreign bodies being forced into the larynx, the trachea, or its branches. Without these accidents taking place, there arises anxiety and symptoms of suffocation merely from the approach of those injuries, so as to prevent any substance passing into the larynx.

With the larynx, the trachea, with all its ramifications in the lungs, are to be admitted as active. Whilst the arytenoid cartilages are separated from each other, the internal or long fibres of the whole of the trachea and its continuations contract, by which all those parts are raised and dilated, that the air may readily be admitted; if these muscles relax, the parts again become narrowed, to which the transverse muscles of the trachea also contribute, and the air is driven out.

According to this view all appears active, nor is it permitted to repeat the old unsuitable comparison, of the organs of respiration to a pair of bellows, according to which the lungs were passively expanded and contracted. In the loose parenchyma of the lungs these fibres may even act when the lungs have everywhere contracted morbid adhesions, and are externally quite immoveable.

From what has been said it follows, that two kinds of organs act during respiration. On the one side the external, i. e. the nose, the mouth, the muscles of the chest, the diaphragm, the abdominal muscles, and the nerves which supply those parts, viz., the fifth nerve, the facial, the spinal accessory, the spinal nerves, to which also belongs the phrenic; and on the other side, the internal, i. e. the larynx, the trachea, and its ramifications (the lungs), which are supplied with nerves from the vagus, and also the spinal accessory. Bartels has justly attributed a different value to the different nerves which act during respiration, although he ascribed to the phrenic nerve inspiration, and to the vagus expiration, which is not admissible, as both kinds of organs are active in inspiration as well as in expiration. In attempts at resuscitation we can act upon both sets of organs; especially upon the external, in manipulations of the chest and abdomen of the apparent dead, in order to bring them into the different conditions in inspiration and expiration; upon the internal, by irritating the larynx, blowing in air, &c. Both may also be united with effect.

Observation 1.—When I speak of the want of an epiglottis in birds and amphybiæ, I use it in the customary sense, viz., where a cartilage connected with the other cartilages of the larynx has received that name. Otherwise, Humboldt described and delineated a fold of skin behind the tongue of a crocodile serving as an epiglottis. (Recueil d'Observ. de Zool.) Witzsch has also recently described and delineated a membranous epiglottis, as it appears in the falica atra, and supposed a similar part to exist in the Scolo pax Gallinula, in which he even imagines a cartilage to exist.

Observation 2.—The examinations which Richerand (Recherch sur la Grandeur de la Glotte, in Mem. de la Soc. d'Emulat. T. 2,) has made to examine the change which the larynx and glottis undergo, are very good. In children, both remain very small; and he asserts to have found little difference between a child of three and one of twelve years. About the time of puberty they suddenly increase, particularly in the male race, in a proportion of from five to ten; in the female, only of five to seven. From the condition of the larynx, Richerand justly concludes upon the great danger of suffocation in children suffering from croup. Dupuytren (Bullet. Philom. T. 3), in a man who was castrated in the earliest period of his youth, found the larynx about a third less than in another man of the same size and age, and the glottis very narrow, so that they appeared to belong to a woman, or to a boy before puberty. Schlemn has lately made for the Museum a series of preparations, which, on the whole, confirm Richerand's results, though individually they differ. This Schlemn found the rima glottidis of a child twelve years old, from one and a half to two lines longer than in one three years old; and in a child three years old, three-fourths of a line larger than in a child three-quarters of a year old: also in an adult woman, about two lines larger than in a child twelve years old; and in man, from two to two and three-quarters of a line larger than in women. The difference of the larynx is still greater in its whole circumference.

Observation 3.—It was formerly much contended whether the water enters the trachea and lungs in drowned persons or not. If there be only a little fluid there, it may just as probably be secreted; but in many cases it is decidedly conveyed there from without. When, for example, animals are placed in a vessel of coloured water, we find it as coloured in the lungs of the drowned animal. If this was always the case, no contention would have arisen about it. It appears partly to depend upon what Florman calls attention to, in a very good treatise upon this subject (in Viborg's Samul. von Abhandl für Thierarzte); namely, if the dissection be made early enough, in order to find foam or water, which afterwards disappears; and partly, also, from the struggling that the person makes in the water. In an old man, who was drowned in the year 1820, in a trench, in the neighbourhood of Dantzic, single leaves of the chemna were found in the trachea and its branches, according to a report of the dissection. Anschel (Thanatologia, p. 99), in the case of a new-born infant, suffocated on a manure heap, found some pieces of manure in the trachea and its divisions. Last year, a child, whilst lying in the cradle on its back, after the mother had suckled it, was suffocated from the milk being forced into the larynx and trachea by vomiting. Laennec (Journ. Complémentair. T. 26,) relates a case, where a person, whilst eating, was seized with vomiting; and endeavouring to prevent, fell down dead;

and where, in the dissection, the larynx, the trachea, and its branches were found filled with half-digested aliment.

These examples sufficiently prove that it may be esteemed not at all difficult for anything to fall by accident into the larynx and the trachea, and therefore requires to be well considered.

Observation 4.—Morgagni has already represented the yellowish white longitudinal fibres of the windpipe and its branches, and traced them into the extreme branches of the same. He has also described the transverse fibres, distinctly perceptible, placed externally between the ends of the cartilages of the windpipe. These fibres were described before him, although not so exactly. After Morgagni, many have described this structure less exactly; for example, some have admitted the longitudinal fibres behind the transverse, or indeed described short longitudinal fibres between the edges of the cartilages, which never occurs. On the contrary, Franz Dan Reisseisen, in his Prize Essay on the Structure of the Lungs, has given an excellent exposition and delineation of the longitudinal fibres. I would arrange them neither with the fibres of the arteries nor with those of the uterus, but esteem them as peculiar. With regard to the transverse fibres, I am doubtful whether they extend quite so far as the longitudinal, as Reisseisen believes. If they are necessary to the cartilages of the windpipe and the bronchi, they are very strongly developed; but this is not the case with the tender branches, in which all kinds of cartilages are wanting, and where Reisseisen supposed them to exist, and to embrace wholly the branches. The extreme bronchi are so tender, that were the fibres there we ought to see them, but we only see vessels. Reisseisen refers to Varniers' experiments (Mein. sur l'Irritabilité des Poumons. In Mein. de la Soc. Roy. de Méd. Au. 1779), and considers the muscles as there proved; but Varnier himself confesses that he could not demonstrate them, and justly refers to other organs in which no such fibres are visible, and nevertheless a kind of irritability is plainly shown.

Besides Hauston's and Bemond's earlier experiments, (Mem. de l'Acad. des Sciences, 1739,) in which movements of the lungs were observed; I refer to Florman's and my own observations where we saw peculiar movements in the lungs of young dogs, after cutting through the parietes of the thoracic cavity and the diaphragm. W. Kriener (Untersuch ungen uber die nachste Ursach des Hustens, 1819,) asserts to have seen in his experiments the contraction of the fibres which I leave undecided. How he has arrived at the conclusion that I have ascribed a peculiar power of extension of the lungs, I know not, it is, indeed, quite a different thing, when by contraction of longitudinal fibres a tribe become widened, as, for example, a portion of the intestines.

Observation 5.—Ernst Bartels (Die Respiration als vom Schirn abhängige Bewegung and als Chemicher Process, 1813) admits, as is mentioned above, of an antagonist action between the nerves of the spinal column (phrenic) and the nerves of the brain (the vagus), so that the former effects inspiration by the contraction of the diaphragm, and the latter expiration by the contraction of the lungs; but the abdominal muscles are the antagonists of the diaphragm, and they are also supplied from the spinal nerves, and the lungs are in themselves the antagonists, exciting double the slight movement. The vagus and accessories are, indeed, after all, nerves of the spinal cord. The accessories give the greatest number of its fibres to the trapezius muscle, thus being an auxiliary to the external organs of respiration, though it is probably a mixed nerve like the glosso-pharyngeas, for it unites very intimately with the vagus, which supplies the internal organs of respiration.

Observation 6.—Scarcely had Dupuytren read to the National Institute in Paris a treatise, wherein, from experiments instituted by himself and Dupuy, at Alfort, he inferred that dividing the vagus it put an end to the necessary charge of the air in the lungs, and upon these nerves directly depended the hœmatosis, than the thing became contradicted by H. M. Ducrotay de Blainville, (Propositions Extraits d'un Essai sur l'influence de la huitième paire de Nerfs dans la Respiration. Paris, 1808,) as well as later, by Jean Michel Provençal, (Memoir touchant l'influence que le Nerfs des poumons exercent sur les phénomènes chimique de la Respiration, Paris, 1810,) and by Le Gallois, but in the most detailed manner, by Emmert, (Reils Archiv.,) in which it is proved that this chemical process is in no way put a stop to by cutting through the vagus, but that the lungs, the trachea, and the larynx, become paralysed by this operation.

(To be continued.)

POISONING WITH CANTHARIDES.

Margaret Davis, aged 29, born in Massachussetts, married; admitted October 4th, with a wound of the labium, which had been received about seven hours previous to admission.

Nov. 12th.—Since last report she has been walking about, and indeed is well in every respect, except that her urine has to be drawn off. ℥j of Tinct. Canthar. ordered, gg. x. of which to be taken three times a day.

13th.—At half-past six this morning, the patient first made known that she had taken the whole of the Tinct. Canth. (℥j) ordered yesterday. She took it about mid-day. When questioned as to the cause of her doing so, she said she thought it would cure her sooner. It was remarked by different persons in the house, that during the afternoon she appeared as if intoxicated or crazy. Her condition this morning was as follows: excrutiating pain over the whole abdomen, which is increased by pressure; the pain, however, is most severe over the hypogastric region and scrobiculus cordis. The abdomen is swollen to the size of a woman's at the full period of utero-gestation, tense, and tympanitic. Pulse not much accelerated; tongue rather pale and dry; face flushed, with an anxious expression of countenance. During the night she had passed about a pint and a half of urine, which was mixed with organized lymph, and a substance resembling what is called mother of vinegar. Ordered hip bath, and the following prescription every two hours:

℞. Pulv. Opii, gr. j.; Pulv. Camph. gr. ij. ft. pil. Flaxseed tea to be drank plentifully.

6 P.M.—Patient very feeble; pain still severe, worse if anything than in the morning: extremities cold; pulse scarcely perceptible. Ordered bottles filled with hot water to be applied to the feet, and hot fomentations to the abdomen.

11 P.M.—As her pulse had become more full, and the pain continued very severe, especially in the hypogastic region, twenty leeches were applied, and afterwards a large poultice. Pill of camphor and opium to be continued throughout the night. Urine drawn off with a catheter.

14th.—Patient delirious. The swelling of the abdomen slightly diminished; on pressure she seems to experience no pain; during the night passed some urine.

Flaxseed tea continued; pill stopped; fomentations of hops applied to the abdomen.

P.M.—Delirium passed off. Patient now complains of pain about the region of the kidneys and bladder. Fomentations continued. Sol. Sulph. Morph. gtt. xx. given, and urine drawn off.

15th.—Patient comparatively comfortable. Swelling of the abdomen entirely gone; pain in the region of kidneys and bladder still continues, though in a less degree; urine drawn off at night, and twenty drops of morphine given.

16th.—Not much change. Pain still continues.

17th.—Patient much better. Pain subsiding.

27th.—Patient entirely well of all her difficulties; her urine has still to be drawn off by a catheter.

Discharged this day by request.—*New York Journal of Medicine and Surgery.*

VACCINATION IN FRANCE.

The following are the conclusions from the annual report on the communications relative to vaccination in 1839, read at the Academy of Medicine of Paris, by M. Gauthier de Claubry, at the meeting on the 11th of May.

1. In the epidemics of small-pox that have occurred in the provinces, vaccination has incontestably exhibited the property of arresting the progress of the disease, by reducing, even in the subjects the most recently vaccinated, the variola to the varioloid.

2. Throughout France, an immense majority of those formerly vaccinated have remained free from the sporadic, and even from the epidemic, variola, notwithstanding the most direct communications with infected individuals.

3. Whenever the variola had existed but a few days, or had already arrived at a more advanced period of its evolution, it has always undergone a favourable modification from the influence of vaccination.

4. Some cases of varioloid, very like variola, and some of genuine variola, are said to have occurred in subjects formerly vaccinated. But, in the first place, several of these observations are manifestly incorrect; for, on the one hand, a case has, for example, been reported as variola, though the eruption lasted only three days; and, on the other, faith cannot always be placed in certificates of the success of vaccination, since it is notorious that they are often given out of kindness to the parents on the very day of the operation. But, however the case may be, it may be affirmed that, on a close examination of the cases of variola or of varioloid that have occurred in persons vaccinated, they have always been found less serious than the eruptions of the same kind in others.

5. The alteration of the vaccine by numerous transmissions is denied by the majority of observers: 170 practitioners and 11 vaccination-committees have declared themselves against this hypothesis. Some practitioners have vaccinated, on the same subject, one arm with old, and the other with renewed, vaccine matter; and the characters of the eruption, and the appearance of the cicatrix, have been the same on both sides. There is no reason, therefore, at present, for regarding this alteration of properties as a settled thing.

6. The same number of vaccinators disapprove of re-vaccination, at least as a general measure; because, by showing the little faith which the practitioner has in vaccination, it will destroy the confidence of the public, and will render them averse to a measure to which there is already sufficient difficulty in making them submit. Moreover, the partisans of re-

vaccination are not agreed as to the period at which it ought to be practised. Some would have it done at 20 or 25 years after the first vaccination; others fix a shorter term: some say that a person ought to be re-vaccinated till he presents a pustule similar to that of the primitive vaccine eruption; and it has even been proposed to re-vaccinate the whole population every five years. One physician, shocked with these exaggerations, limits himself to the desire of re-vaccination in case of an epidemic of variola, as a means of restoring the public confidence.

7. In 1839, out of 6,652 re-vaccinations, of which the results have been regularly observed, there were 718 cases in which the pustule presented the normal characters; 1,283 times the local eruption presented doubtful characters, from which nothing could be concluded; and 4,651 times no effect was produced. Thus, the very small number of cases in which re-vaccination produces any results, proves that the majority of persons are incapable of receiving the vaccine influence twice, and consequently, that a second vaccination would most frequently be useless.

8. In the cases in which re-vaccination has had a positive result, it has not always prevented the occurrence of variola.

9. Even supposing that the re-vaccinated persons were completely secure, variola could never be thus extinguished, for it would be impossible to make re-vaccination a general measure.

LARGE DOSES OF NITRATE OF POTASS IN ACUTE ARTICULAR RHEUMATISM.

By M. ARRAN.

The object of this memoir is to recall the attention of practitioners to a mode of treatment long forgotten, but which has lately been tried anew in two hospitals in Paris. After referring to the passages by Brocklesby, Macbride, and W. White, who, during the latter part of the eighteenth century, described in England the advantages that might be obtained by the use of large doses of nitre in the treatment of acute articular rheumatism, the author relates the cases which he has observed of its effects. The mode of employing the remedy was as follows: Each patient, from the beginning of the treatment, took large doses of nitrate of potass, dissolved in a drink suited to his taste, and carefully dulcorated. The quantity of nitre dissolved in each pint of the drink never exceeded twenty grains, and most frequently the patients began with from ten to fifteen grains.

The number of cases related is twelve, in two of which a relapse occurred. In three of them there was affection of the heart, but they were all cured in an average of eight days from the beginning of the treatment, and of fourteen days from the commencement of the attack. The average quantity of nitre administered in the twenty-four hours was thirty-three grains, divided in three pints of the drink; and the average quantity administered during the whole continuance of the disease was three hundred and seventy-four grains.

In general, the administration of the nitre in this manner excited frequent and abundant perspiration, sometimes copious alvine evacuations, and less frequently plentiful discharges of urine. Under its influence the pulse quickly diminished in frequency and in hardness; and, in general, all these changes were observable within one day from the beginning of its employment.

The author states that nitre may be thus employed at any period of the disease, but that it generally succeeds better the earlier it is given; for that then it prevents the further development of the affection, and materially abridges its duration. Sometimes it may give rise to all the symptoms of gastric disturbance: in this case its administration must be suspended, and evacuants must be given till the symptoms have passed away. Then its use may be again resorted to. The only counter-indication to its employment is, when a rheumatism is complicated with a really inflammatory affection of the stomach or the intestines. —*Gazette Medicale.*

MEETINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

September 27, 1841.

QUACKERY AND HUMBUG.—INFLAMMATION.

The Society held its first meeting for the session this evening; Dr. Clutterbuck, president, in the chair. There was a very full attendance of members and visitors. In some preliminary observations, Dr. Clutterbuck took occasion to allude to several kinds of "quackery" and "humbug" which have lately prevailed, to a certain extent, in the profession. He particularly alluded to some new operations for defective vision, to operations for stammering, and to mesmerism. He classed the three together as being equally worthy of condemnation. He could not help expressing regret and surprise, that such proceedings as these should obtain, even a transient notoriety, in a profession so strictly one of fact, as that of medicine. When, however, they did, unhappily for the public and the profession, succeed in obtaining dupes, then it was the duty of societies, like the Medical Society of London, to expose and condemn the fallacies. This was one great benefit which medical societies conferred upon the public.

After some further observations on the mode of conducting proceedings in the society, a paper was read from the pen of the president, entitled, an "Attempt to show that most Diseases originate, directly or indirectly, in Inflammation." The paper was long and elaborate; suffice it to say, that by a course of very ingenious reasoning the author endeavoured to show, that almost all diseases, except those which might be considered as merely symptoms, had their origin, more or less remotely, in that state which is denominated inflammation. This inflammation might be of such a character, as to be at once recognised, or it might be so insidious as to destroy life before its presence was detected. Happily, however, the practitioner had, most generally, sufficient evidence of its presence; for although the four more ordinary signs of inflammation—heat, redness, swelling, and pain—were not to be detected in all cases of inflammation of the vital organs; still, when these were inflamed, there was such an exaltation of the vital properties, so general a febrile state, such an interference with the function of the organ, and such evidence of sympathy manifested by other and remote organs, that the diagnosis was rendered less difficult than it otherwise would be. The author proceeded to enumerate various diseases which originated or were accompanied by inflammation; and concluded by observing, that out of the one hundred and fifty genera enumerated in the nosology of Cullen, one-half of them were merely symptoms or varieties of disease, and not diseases themselves. Of the remaining genera, another half had their origin in inflammation.

A discussion followed, in which Dr. Johnson, Dr. Shearman, Dr. Chowne, Dr. Thomson, Dr. Bennett, and Mr. Hancock took part.

CHARING-CROSS HOSPITAL.

DEATH FROM INANITION, CONSEQUENT UPON SCIRRHOUS DISEASE OF THE ŒSOPHAGUS AND CARDIAC ORIFICE OF THE STOMACH.

James Upcott, aged 61, light hair, eyes, and complexion, by trade a tailor. He was from sixteen years of age to twenty-nine in the navy, and during that time lived and drank freely. Since he was twenty-nine years of age he has been a sober liver. He was admitted into hospital under Dr. Chowne on the 6th of August, 1841; he had been twice previously in the institution, in each instance for pain in the left hypochondrium; and in both, after the use of mercurial alteratives and aperient medicines, went out well. There does not appear to be any obvious connection between these illnesses and the disease for which he was last admitted.

In April last he began, without any particular pain or disorder, to be sick after taking food; this continued, and he obtained admission to the hospital on the 6th of August. At that time he incessantly threw up everything he took, but the act of doing so was neither preceded, accompanied, nor followed by pain. On examining the body, no fulness or tumour was perceptible at the scrobiculus cordis, or elsewhere, nor did pressure give pain. The pulse was usually about 86, small and regular, skin cool and dry, tongue moderately clean, bowels very inactive, but the alvine secretions natural. This was his general state. The sickness came on *immediately* after swallowing, and resisted every means used to prevent it, no applications, internal or external, had any permanently good effect, and he gradually sunk, and died the 5th of September, thirty days after his admission. He was without pain to the last.

After-death Appearances.—The thorax presented nothing abnormal, except adhesions between the pleura pulmonalis and pleura costalis; the liver was rather indurated, but not particularly altered in size or structure; the spleen about a quarter larger than common, more firm and more florid, fleshy, and at the same time granulated in appearance; the blood which oozed from it was of a claret colour. The pancreas appeared to be much wasted, and was so thin as not to be readily recognised; its colour was darker, and more livid than common. The œsophagus, from its commencement to the diseased portion, which was involved with the cardiac orifice of the stomach, quite natural in texture and in size. Mucous membrane not ulcerated. The termination of the œsophagus and the cardiac orifice were in a scirrhous state. The scirrhous mass was about the size of a pigeon's egg, firm under the scapel; the cut surfaces greyish white and opake, but containing small circumscribed deposits of a darker hue, and rather transparent: stomach healthy, but small. Nothing remarkable in the other portion of the intestinal canal. The scirrhous portion was irregular in shape, both externally and internally; the cardiac aperture was all but closed, as it would with difficulty admit a crowquill.

Dr. Chowne observed that two circumstances had tended to embarrass the diagnosis in this case. The first of these consisted in the fact that scirrhus, in the situation which it occupied in the present instance, frequently gave the patient the sensation of positive dysphagia, and food was so immediately rejected as to lead the patient to feel that it had not descended; but, in the present case, the patient had the sensation of having completely swallowed the mouthfuls that were taken, although extremely little of anything, even of fluid, could possibly have passed into the stomach.

Secondly. Schirrhus generally produced pain extending from the region of the scrobiculus cordis to the back. In Upcott's case there was no pain. There were, nevertheless, strong reasons for considering that the obstruction was at the cardiac orifice; firstly, the vomiting occurred immediately after deglutition; in scirrhus of the stomach itself and of the pylorus there was generally an interval of about a quarter of an hour. Secondly, the food was thrown up in the state in which it had been swallowed, and mixed with mucus only. In scirrhus of the body of the stomach the food was often

mixed with a blackish fluid, and where the disease was situated in the pylorus, the food was thrown up more altered by the process of digestion, and in larger quantity.

Thirdly. There was no tumour perceptible in the epigastrium. In scirrhus of the pylorus a tumour was generally perceived, and in scirrhus of the stomach there was also sometimes a tumour perceptible through the abdominal parietes. The œsophagus being found of its natural calibre at all parts above the disease, was in accordance with the circumstances of the case. Great diversity was seen in different cases in the degree of tolerance exercised by the œsophagus; in some there was a great degree of tolerance and consequent dilatation. A case was on record in which there had existed dysphagia from disease of the cardiac orifice of the stomach. The œsophagus became distended into a sort of pouch from two inches below the pharynx to the diseased part, capable of containing two quarts. In a patient under his own (Dr. Chowne's) care some time since with stricture in the lower part of the œsophagus, solids taken at intervals and in small quantities were retained for a considerable time, but were finally thrown up in masses described "like penny-pieces piled one upon another." In this case the œsophagus was somewhat larger than common. In the case of Upcott, the tolerance was extremely limited, and the œsophagus retained its natural size. Immediately that the sensation of swallowing terminated, that of sickness supervened, and what little had been taken was immediately ejected. The unfortunate patient took spoonful after spoonful of broth, egg, wine, and other kinds of nourishment, with the foreknowledge that it would not be retained, and with a vessel by his side to receive it. His taking nourishment by the mouth, indeed, was an alternation of deglutition and vomiting; the vomitting was not only unattended by pain, but was also unattended by loss of appetite; indeed, appetite was extraordinarily, if not morbidly, strong. So great was the yearning for food, that, to use the poor man's own description, "if he had not had a supply of food at hand, he could scarcely have refrained from taking again that which had been returned." In speaking of the lining membrane of the œsophagus, it was remarked that there was no morbid change. It was very common, however, to find that ulceration had taken place in the vicinity of the obstruction. This was found in mere strictures of the œsophagus, as well as of other parts. When it occurred in the œsophagus it was sometimes attributed to the vomiting, although there might be great reason to suspect a predisposition of a kindred character to that in its neighbourhood. In the case of Upcott, the scirrhus itself had not proceeded to ulceration, which might partly explain the healthy state of the upper part of the canal. To this might also be attributed the absence of pain in deglutition. Swallowing, or rather the attempt to swallow, where there was scirrhus of the œsophagus, was usually a painful effort, particularly when spirit was mixed with the aliment; but Upcott had no pain even from the brandy and water which he sometimes took in preference to wine. His mind was perfectly tranquil, and he retained his mental faculties, as was common in such cases, to the last.

SPIRIT OF THE MEDICAL PRESS.

OBSTRUCTED CIRCULATION FROM VARICOSE ENLARGEMENT, OR INFLAMMATION OF THE VEINS.

WHERE inflammation of the large veins follows delivery, it may so far impede the return of the venous blood, as to induce extensive swelling and infiltration of the whole limb, constituting a very serious, and often fatal disease, the phlegmasia dolens of authors. The great duty here is to be extremely watchful to detect the first symptoms, and by promptitude and decision to check it at its onset, which may then, in general, be easily accomplished.

Puerperal Inflammation of the Deep-seated Veins of the Leg.—C. A., 28, on the fourteenth day after labour, was seized with violent pains in the calf of the right leg, which became so contracted she could scarcely get the heel to the ground. The costive bowels were cleared by medicine, with many griping and fœtid stools. The pain about the middle of the calf of the leg felt as if all the sinews were drawn together. Leeches, fomentations, and rest, gave some relief, but the pain again increased, extending along the vessels behind the knee, up the inner side of the thigh, with tenderness to the groin. On the twenty-first day, the more usual appearances gave place to a free flow of coloured discharge, per vaginam, and this, assisted by repeated leeching, and the antimonial tartar ointment, freely rubbed on the limb, much relieved the attack. The lameness in the limb and pain in the middle of the thigh diminishing, she slowly recovered.

One of the most obstinate examples I have seen of this disease, and a very instructive case, as illustrating the effects of aggravated obstruction to the circulation from this cause, is the following.

Inflammation of the Veins of the Lower Extremities, after Miscarriage.—Jan. 1835, Mrs. T., 32, under care of Mr. HOYLAND, a fortnight after miscarriage, felt an itching in the sole of the right foot, which in the next three weeks had extended, with increasing pain, between the heads of the gastrocnemii into the ham. Leeching gave some relief, but increased pain and swelling of the limb followed, which medicine failed to alleviate. Pains then commenced in the left leg, extending upward, and poulticed and fomented a week, were relieved in the part, by shifting higher up, and again relieved by leeching, when the acute attack flew back into the right leg, with swelling, extreme tenderness and pain in the course of the deep-seated vessels, up to the groin, with a pulse at 124. I now saw the case, and suggested her taking pil. hydr. gr. iij. opii gr. ¼. tertia hora. In a few days the system affected, the symptoms so rapidly gave way, that in twenty-four hours even tenderness in the course of the veins had nearly subsided. The femoral veins, especially the right, now formed an indurated cord, the canal apparently obliterated with œdematous tumefaction of the limb below. Bowels relaxed and irritable, not painful.

A smart recurrence of the symptoms, with swelling of all the superficial veins, soon required more leeches and mercury, with low diet, the irritable state of bowels rendering the treatment difficult, although after six weeks' perseverance it succeeded.

She now improved in appetite and feelings, but four months after the miscarriage, the bowels were still irritable, and the legs very large and tender, with œdema, the least exercise in walking inducing most distressing itching beneath the skin of the legs, with augmented tension and tightness in the femoral veins, which felt to her as if too short for the space they occupied. Pulse small, soft, 112. Features pale and puffed, with œdema. On walking one hundred yards, she felt as if the veins would certainly burst. She slept badly, from irritation and starting beneath the skin, and in the morning awoke with similar feelings in the skin of the hands, but without the tightness felt in the veins of the lower limbs.

Advised sea-bathing, she now visited Brighton, used the warm sea-baths twice a week for five weeks, and returned to town very greatly improved. The bath, she said, always induced free perspiration, and on returning to London she felt nothing of the tightness or fulness of the veins, although the prickly irritation in the skin covering the veins partially remained; but the uneasiness and irritation in the veins gradually and slowly returned, upon fatigue, or standing about much. Indeed her active powers were still so limited, that walking for half an hour rendered her incapable of leaving her bed for several days, with pains in the loins, hips, and legs, in the course of the veins, in the old way, but no pain in the thighs. Pulse 100. Features still puffed, with œdema. A small ulcer had formed from a leech-bite on the right leg, near the large superficial vein, which was extremely hard, and excessively painful if touched, or if walking, yet scarcely easier if laid up, shooting, starting, and feeling like a burn or scald.

Several small ulcers subsequently forming in the following two years, became large and painful. Although the veins were still, at times, extremely painful, she could now walk three hours a day.

May, 1838, much easier than lately; taking the pil. hydr. subm. c. with much advantage. She observed that the N.E. wind was most uneasy, rendering the right femoral vein painful, prickling, and shooting, as if it contained vitriol, but if the wind changed to S.W., in a few hours it became almost entirely easy.—*Howship on Surgical Disease.*

PATHOLOGY OF CHLOROSIS.

It may probably be fairly assumed, certainly it is the most prevalent opinion, that chlorosis primarily depends upon a morbid condition of the blood, which secondarily affects the ovaries and uterus, by retarding their growth. This opinion is supported by the fact, that in the blood of chlorotic patients there is an increased proportion of the serum, with a marked diminution of crassamentum. This has always been my view of the disease; nor would it be difficult to trace to this morbid condition of the blood many, nearly all the different theories that have been propounded.

TREATMENT OF CHLOROSIS.

The treatment of simple chlorosis should be the type for the treatment of the other forms; but a most grave error is too often committed, by considering it a local, not a constitutional disease; and ignorant practitioners, from the untimely use of drastics and emmenagogues, have yet farther reduced the already enfeebled powers, and facilitated the advent of pulmonary disease. The author deplores, in common with every medical man of proper feeling, the prevalent faulty notions on the subject of physical female education, leading as they do to the production of so many serious and fatal diseases; he believes that, were these amended, chlorosis would become a rare disease. Alas! many, many yet must be the victims sacrificed at the shrines of fashion and folly, ere mothers learn prudence, or fathers compel the observance of the dictates of common sense.

Our first attention must be directed to the improvement of the state of the digestive organs, for; how shall we amend the deteriorated conditions of the blood, until the organs of nutrition are in a fitting state for its elimination. But here a prudent hand must guide the means; our object is not to excite excessive purging, as a direct mode of cure, but to secure the due relief of the bowels by aloes and rhubarb, sulphate of soda and manna, and where alteratives are required, the hyd. c. creta. Mild cordials should be combined with the aperients. Warm clothing, regular exercise, and, when the state of the appetite will permit, meat diet and mild malt drink are to be recommended. If we succeed in improving the state of the digestive organs, the general vigour is in some degree restored, and the complexion partially cleared, but the catamenia are seldom by this alone induced. Now is the appropriate period for the administration of *iron*, especially the *sulphate*, while, had this remedy been employed prior to the due regulation of the secretions of the alimentary canal, the symptoms would have become aggravated, and not relieved. Its effect, when given judiciously, is sometimes magical. In some cases the subcarbonate is better borne, and occasionally other tonics, as quinine, sarsaparilla, zinc, &c., effect the purpose.

As to *emmenagogues*, they are best employed when the pallor has become diminished, the bowels more regular, and the blood both more abundant and of richer quality. *Iron* (and especially the iodide, when the strumous diathesis is associated with chlorosis) is often alone a sufficient emmenagogue. The use of the mustard hip-bath, and of the local salt shower-bath across the loins, are excellent adjuvants. The injection of the vagina with the strong ammonia (liq. ammon. 3j. lactis lb.j) has proved useful in the Hospital. Dr. A. has great doubts of the utility of applying leeches and cataplasms to the mammæ; he has often seen electricity useful. Travelling, with the change of scene and of habits it necessitates, as also a visit to chalybeate waters, and a sea voyage, have often cured chlorosis. The treatment requires to be early adopted, and most perseveringly continued,

perhaps for months. As the cure progresses the diet should be improved, and the patient permitted to take mild ale or porter, or, if these are disagreeable, a little negus with her meals.

The author does not believe that there are any medicines which exert a specific effect upon the menstrual secretion, but that there are several, which, by reason of their stimulating the uterus, become important auxiliaries. These means are contra-indicated in amenorrhœa and chlorosis, arising from malformation or absence of the generative organs, as also in cases of mere absence or slow development of puberty, or when the amenorrhœa is connected with phthisis or plethora. They are found useful in inactivity of the uterus, occurring after the establishment of puberty, where neither plethora, nor marked delicacy of constitution is present, as also in hysterical, irritable women, in whose cases cordials and tonics have been tried in vain. In chronic suppression they are especially indicated. Their exhibition should be preceded by local depletion, regulated diet, and purgatives.

1. *Local Emmenagogues.*—The only powerful emmenagogue by which the uterus can be directly stimulated is *electricity*. Although employed with some success of late at Guy's, it is an uncertain remedy, and should be very cautiously used. —*Leeching the os uteri.* If some leeches be applied by means of a glass, a few days prior to the period, and repeated several times, by removing the congestion, they will frequently reproduce the secretion.—*Stimulant injections of the vagina.* Dr. Ashwell speaks highly in favour of the ammoniacal injection. It should be commenced three days prior to the expected period, and should be retained in the vagina for ten or fifteen minutes, by closing the vulva with a napkin. It should produce a sense of heat, tingling, or even of pain, and should not be employed when congestion is present. He reprobates, as risking the excitement of peritonitis, the injection of the uterine cavity itself. *Mustard* hip-bath is often very useful, but the patient should remain in it an hour each time. The exhibition of mustard by the mouth (gr. 8—12 ter quaterve ex M. camph.), just prior to the menstrual period, is often attended with excellent effect. *Sexual intercourse* is sometimes a good emmenagogue, though, of course, of but limited application. *Stimulating clysters* are much recommended by some authors, and Dr. Ashwell has used that of Dr. Schonlein (Aloes gr. x. mucil. ℥j. bis terve die) with good effect. Leeching the vulva or pubes, stimulating the thighs, hypogastrie, or lumbar regions with embrocations, flesh-brushes, &c. &c., are all useful adjuvants.—*From Review of Dr. Ashwell's Work in Medico-Chirur. Rev.*

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths from all causes, registered in the week ending Saturday, the 18th September, 1841:—

Epidemic, endemic, and contagious diseases	169
Diseases of the brain, nerves, and senses	147
Diseases of the lungs, and other organs of respiration	247
Diseases of the heart and blood-vessels	20
Diseases of the stomach, liver, and other organs of digestion	80
Diseases of the kidneys, &c.	4
Childbed, diseases of the uterus, &c.	7
Diseases of the joints, bones, and muscles	2
Diseases of the skin, &c.	0
Diseases of uncertain seat	108
Old age, or natural decay	65
Deaths by violence, privation, or intemperance	21
Causes not specified	7
Deaths from all causes	877

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ON PNEUMONIA.

By Dr. WATSON, King's College.

I NOW proceed to *pneumonia*, or inflammation of the *substance of the lungs*. Questions have been raised as to the precise part and texture in which the inflammation begins; and to these questions I may briefly advert as we go on; but I hold that in pneumonia *all the textures* composing the pulmonary substance in the part inflamed are involved in the inflammatory process.

Now of pneumonia it is especially true, that we ascertain its extent, its situation, and every step of its progress, by means of the ear. All the symptoms that give us the most sure information respecting the nature of the disease, the event to which it tends, and the remedial treatment which it requires, spring out of the actual changes wrought in the pulmonary substance itself; and these changes are disclosed to us by the method of auscultation. It is necessary, therefore, that you should understand, first of all, what those changes are which are produced by inflammation of the substance of the lungs; that you should know the morbid anatomy of pneumonia, as an indispensable groundwork for a knowledge of its pathology.

There are three well-marked, and very constant conditions of the lung, corresponding to different degrees and periods of its inflammation. I will describe them in succession, in the order in which they take place.

The first stage or condition is that of *engorgement:* all modern observers agree, I believe, both as to the nature and as to the name of this condition. The substance of the lung is gorged with blood, or bloody serum. It is of a dark red colour externally, and crepitates less under pressure than sound lung does. We feel that there is more liquid than air in its cells. It is heavier also than natural, and inelastic, and retains, in some degree, the impression of the finger. When the engorged portion is cut, we find it red, and we see a great quantity of a reddish and frothy serum flow from it. Its consistence is at the same time diminished; it is more easily torn; more, in that respect, like the spleen; and accordingly the term *splenization* of the lung has been given to this stage of its inflammation, as hepatization has to that which succeeds it. In this stage of engorgement the mucous membrane of the small bronchial ramifications is of a deep red colour. The portions most engorged, although their specific gravity is increased, will nevertheless almost always float in water.

Now it is necessary to caution you, in the outset, against a very frequent source of fallacy in respect to this condition of inflammatory engorgement. Such a state of the pulmonary substance as I have been describing, you will meet with in half, at least, of the dead bodies which you may have to examine; and you must not necessarily infer therefrom that the persons deceased had *inflammation* of the lungs. There is almost always some degree of mechanical engorgement of the back part of the lungs; or of that part which has been undermost during the last hours of life, or after death; and the one kind of engorgement can scarcely be distinguished from the other by their anatomical characters alone. Andral at one time held, indeed, that if the engorged part were more friable, more easily torn or broken down under pressure than natural, that was a sufficient evidence of its inflammation; but he afterwards saw reason to change that opinion. We judge by the situation of the engorgement sometimes; if it be not in a depending part of the lungs, it is surely inflammatory. We judge also by the previous symptoms.

If the inflammation continues, the lung undergoes a farther alteration, and presents the following characters. It is still red—externally and within; but it crepitates no longer under pressure; and it sinks in water; it contains in fact no air. Its cut surface presents sometimes a uniform red colour; sometimes a slightly mottled or variegated appearance, produced by an intermixture of specks of the black matter of the lung, and of the interlobular cellular tissue, which is less red than the other parts, and more than naturally obvious to the sight; but the spongy character of the organ is lost; it is evidently solid; and the cut surface very much resembles the cut surface of the liver; hence Laennec, and after him most other writers, have applied to this altered condition of the lung the term hepatization. There still flows out, under pressure, from the surface, when a fresh incision is made, some red fluid, but it is much less in quantity than in the former degree; and it is not foamy; and if the surface be gently scraped with a scalpel, you may often perceive in the red fluid so collected some traces of a thicker and yellower matter, the first indication of commencing suppuration. The hepatized lung is denser and more solid than before, but it is also more friable; more easily crushed and broken; and this results from the softening of the cellular tissue which holds its component parts together.

If you tear a portion of hepatized lung, and examine the torn surface with a magnifying glass, the pulmonary tissue will appear to be composed of a crowd of small red granulations, lying close to each other. These are, I presume, the air vesicles, clogged up, thickened, and made red, by the inflammation. Of course as no air is contained in the lung in this stage of the inflammation, supposing the whole lung to be involved in the disease, it does not collapse when the thorax is laid open, and therefore it has the appearance of being increased in bulk. It is swelled, in fact—just as other inflamed parts are swelled—by the congestion of its vessels, and by the effusion of blood, or of some of the constituent parts of the blood, into its hollows and interstices. The marks of the ribs are frequently visible on the surface of the distended lung. The texture of the lung in this condition is sometimes so rotten, that a moderate degree of pressure between the fingers will suffice to reduce it to a state of pulp; and this diminution of consistence has made Andral quarrel with the term hepatization; and he proposes to call this second stage of pneumonia, red softening, ramollissement rouge. All this is very unimportant, provided that you recollect the sense in which either nomenclature is enployed. But as Laennec and Andral are both great authorities, and both have their disciples in this country, it is well that you should understand their language.

I have been speaking of pneumonia as it is apt to attack the whole, or the larger portion, or a considerable portion, of the lung on one side; but it is a curious circumstance that the changes I have been describing are sometimes exactly limited to certain of the pulmonary lobules, and this state is called, accordingly, *lobula pneumonia.*

In a degree still farther advanced, the pulmonary tissue, dense, solid, and impervious to air, as in the last stage, undergoes an alteration of colour; it presents a reddish yellow, or a straw, or drab, or stone colour; or it is of a greyish hue, sometimes mottled with red, or with the black pulmonary matter. The little granulations which I just now mentioned are whitish or grey, instead of being red; and the texture of the lung is still more rotten and friable than before. It is full, in fact, of puriform matter, which is sometimes so abundant that it oozes out plentifully when incisions are made into the lung; or it may be made to exude by gentle pressure. The grey pus shows itself upon the cut surface in the form of minute drops. The more the pulmonary texture is soaked or drenched with this fluid, the softer and more friable it becomes. When crushed between the thumb and fingers it is reduced to a yellowish grey pulp, exactly like the fluid itself, only rather more consistent. And by gently forcing the finger into any part of the parenchyma in this state, a small cavity may be made which soon fills with pus, and which might readily be mistaken for a recently formed abscess.

Laennec has called this third stage of the process of inflammation in the lung, "grey hepatization," or "purulent infiltration." Andral denominates it "grey softening—ramollissement gris." In fact, it consists in diffused suppuration of the pulmonary texture. And it is a very remarkable circumstance, and one which the researches of modern times have brought to light, that inflammation of the lung, going on to suppuration, does not lead to the formation of a circumscribed abscess, as it does when it affects the cellular tissue, or the parenchymatous tissue, in other parts of the body. Abscess of the lung used to be spoken of as a very common thing; but it is a very rare thing. In several hundred dissections of persons dead of pneumonia, made by Laennec during a space of more than twenty years, he only met with five or six collections of pus in the inflamed lung. Once only did he find a *large* abscess of that sort. Once only has Andral seen a real abscess of the lung form as a consequence of pneumonia. You may find collections of pus in the lungs sometimes occurring in connexion with the inflammation of veins. Several instances of that kind have hap pened very recently in patients who have died in the Middlesex Hospital. But these are not true cases of pneumonia. I need scarcely caution you not to take tubercular vomicæ and cavities, containing pus, for genuine abscesses of the lung.—These, and the phlebitic deposits of pus, are not *exceptions* to the general statement; they arise from different forms of disease, and you will find a circumscribed collection of pus, surrounded by hepatized lung, as a consequence of pneumonia, an exceedingly rare event.

Can we account for this in any way? I do not know that any satisfactory explanation of the fact has ever been offered. But I would submit to your consideration what has occurred to my mind on this subject. When I was speaking of inflammation in general, I pointed out to you the remarkable influence which the presence of atmospheric air in contact with the inflamed part has in accelerating, or determining, the event of suppuration. In a recent cut, the admission or exclusion of the air to the cut surface will make all the difference between the adhesive and the suppurative inflammation; and so in other cases which I then mentioned, and will not now trouble you by repeating. Now it seems to me that the same principle obtains in inflammation of the lung. First, there is an effusion of serum and blood, then of lymph and blood; but the air, passing into the surrounding sounder tissue, and mingling for a time even with the inflamed portion itself, causes the suppurative process to supersede the adhesive; and so no wall of circumvallation is formed by the coagulable lymph, as is the case in cellular tissue which is not accessible by the air. Whether this be a sufficient explanation of the *fact* (all explanations being the resolving a given fact into a certain class of other facts better understood); I say, whether it be a reasonable and satisfactory explanation, you will judge; at any rate it may serve

to impress upon your memory that fact which it endeavours to elucidate.

Gangrene is sometimes, but very seldom, the result of acute inflammation of the lung. It is almost as uncommon as the formation of an abscess. Yet it certainly does now and then occur, as a consequence of acute inflammation of the pulmonary substance. It is somewhat more common (though under any shape rare) as an independent and primitive affection. Sometimes it occupies a large portion of the lung, and is uncircumscribed; and sometimes it is more limited. The colour of the part, which has thus perished under inflammation, is dark, of a dirty olive, or greenish-brown colour. The gangrenous portion is moist and wet; sometimes of the consistence of the engorged lung; more commonly softer, and even diffluent; and it stinks most abominably. This horrible odour is in truth, during life, the most distinctive character of gangrene of the lung; and it sometimes renders the room in which the unhappy patient is lying, scarcely endurable. I should have stated before that the puriform infiltration of the third stage of pneumonia is attended with no fœtor.

There are some other points, connected with, or learned from investigating, the morbid anatomy of pneumonia, which I may as well take this opportunity of telling you, before we go on to consider the symptoms, physical and general, of that disease.

There are two lungs, just as there are two tonsils, and two eyes; and in the one case as well as in the other, inflammation may affect both organs at once, or it may affect one of them alone. Technically speaking, pneumonia may be either double or single. Again, the inflammation may occupy a part af one lung, or the whole of it; in other words, it may be partial or general; but it does not affect all parts, or both sides, indifferently or capriciously. In the first place, it is (why, I know not) greatly more common on the right side of the body than on the left. I will give you some statistical statements collected by Andral, in respect to this point. Of 151 cases of pneumonia, noticed at La Charité, 90 were of the right lung alone; 38 only of the left alone; 17 of both sides at once; and in 6 the situation was uncertain. He was at the pains of collecting the particulars of 59 other examples of pneumonia, from different authors, so fully described as to leave no doubt about the nature and situation of the disease. Among these, the inflammation existed in the right lung alone in 31 patients; in the left alone in 20; and in both sides at once in 8. Hence, taking both series of observations together, we have 210 cases of pneumonia; and there were 121 in which the right side was solely the seat of the disease; 58 in which the left, 25 in which the pneumonia was double, and 6 in which its seat was uncertain. So that, at this rate, pneumonia is more than twice as common on the right side as on the left, and does not occur on both sides together so often as once in eight times.

Again, with regard to the *part of the lung* which is most obnoxious to inflammation, there are remarkable differences. It is a well known, and it is a very important fact in respect to diagnosis in some cases, that the lower lobes are more liable to inflammation than the upper. I speak, of course, of active idiopathic inflammation. But this circumstance, much insisted on by Laennec, and quite true in the main, has perhaps been somewhat exaggerated. I have not had leisure to frame any numerical statement of the cases that have come under my own observation, but the general impression which they have left upon my mind is in favour of the correctness of Laennec's statement —that pneumonia generally commences in the lower lobes, and spreads upwards frequently to the superior lobes. But I may adduce Andral's statistical representation in respect to this question also. Of 88 cases of pneumonia, he found that the inflammation affected the inferior lobe 47 times, the superior lobe 30, and the whole lung at once, 11.

Inflammation of the bronchi constantly accompanies inflammation of the parenchyma. The mucous membrane presents a red colour both in the large and in the small branches of the air passages. And when a single lobe is inflamed, it has been observed that the redness of the mucous membrane existed in those bronchial tubes alone which were distributed to that lobe. You may have bronchitis without pneumonia; but pneumonia without a corresponding extent of bronchitis is perhaps never seen.

The majority of cases of pneumonia are attended also with a degree of inflammation of the investing membrane of the lung; there is some pleurisy. So frequently indeed is this the case, that certain writers, Andral among others, call the disease by the compound name of *Pleuro-Pneumonia*. However, pneumonia may and does *sometimes* occur without any concurrent pleurisy. Of the latter complaint I must speak by itself, and I merely notice now the frequent combination of the two—the occurrence of a slight degree and extent of pleuritis in most cases of pneumonia—that you may the better understand some of the general symptoms of pneumonia.

Auscultatory Signs.—Now such being the changes which the lungs undergo when inflammation affects the pulmonary texture, we may next inquire what signals of its existence the inflammation holds out, and how far we, not having the power of *seeing* what is going on within the cavity of the thorax, may nevertheless ascertain the important processes which are there transacted.

If the ear be applied to the surface of the chest, with or without the intervention of the stethoscope, and the portion of lung subjacent to that surface happen to be in the first stage of inflammation, that of engorgement, what does the lung, so suffering, *say?*—what audible notice does it give of its morbid condition? Why it speaks very plainly. You hear a peculiar crackling sound; the smallest and finest possible kind of crepitation, which has been happily illustrated by saying that it resembles the multitudinous little crackling explosions made by salt when it is scattered over red-hot coals. Andral has another resemblance for it, and not a bad one—he says the noise is often like that which is produced by rumpling a very fine piece of parchment. Dr. Williams observes that a pretty correct idea of this sound may be obtained in a ready way, by rubbing between the finger and thumb a lock of one's own hair, close to the ear. Laennec calls this *crepitant rhonchus:* I would speak of it as *minute crepitation,* or the *crackling of pneumonia.* This may be heard in a very limited spot in the beginning, and what an important sound it is! "It is a direct symptom, having immediate reference to the structure of the part. And (says Dr. Latham) if we consider what the part is, and what the disease; the part the lungs and the disease inflammation, we cannot too highly value this single symptom (simple and mean as it may seem), which gives the earliest and surest intimation that such a disease has begun, as tends to disorganization, and the inevitable loss of life, unless quickly arrested by its counteracting remedy."

At first, when you catch the inflammation in its earliest stage, this minute crepitation is heard mingling with the ordinary vesicular breathing. It announces *commencing* engorgement of the part. It obscures a little the natural sound of respiration, but it does not yet entirely cover it. As the inflammation advances, the crackling becomes more and more pronounced, and at length it totally supersedes the respiratory murmur in that part. So long as the natural vesicular breathing prevails over the crackling, we may conclude that the inflammation is slight; and if the crackling should, in its turn, become predominant; if it should ultimately mask the murmur of respiration entirely, that infallibly denotes the progress of the pneumonia, and teaches us that it tends to pass from the first into the second degree. But the crackling sound does not *long* remain in any part. As the case proceeds, the sound is less and less heard, and at length is not heard at all in that spot; and it may be succeeded by one of two very different things. Its place may be taken by the natural respiratory murmur again. When this is so, it denotes the *resolution* of the inflammation. But the crackling may cease, and either no sound at all be heard in its stead, or another morbid sound which I shall presently describe; and this teaches us with absolute certainty that the disease is become more severe and serious; that the lung is becoming, or has become *hepatized.*

Let us inquire for a moment, before we go any farther, what is the nature and the seat of this minute crepitation, so characteristic of the commencement of pulmonic inflammation. With respect to its *seat,* I apprehend there can be no question. It proceeds from the very smallest ramifications of the bronchi, and the air-vesicles themselves. The common opinion is, and such, I confess, is mine, that the sound is the same in cause and kind, only different in degree, with the large and small crepitation described in a previous lecture; that it results from the passage of air through liquid; from the formation and bursting in quick succession of a multitude of little air-bubbles. The bubbles are necessarily minute, for they are formed, and they explode, in very slender tubes. This is Andral's view of the matter. Laennec does not appear to have formed very clear notions on the subject. But a different explanation has been offered by a well known and able writer on the auscultatory signs of disease in this country; I mean Dr. Williams. He holds that the distended blood-vessels, and the interstitial serous effusion, press upon the minutest bronchial ramifications, and obstruct, without wholly preventing, the passage of the air through them; that these small tubes are lined by a viscid secretion, such as is expectorated, and such as I shall have to describe; that the sides of the tubes stick together in consequence of the presence of this viscid matter; and that it is the separation of these adhering sides by little portions of air which successively pass in and out, that gives rise to the characteristic sound. However, what it is important to remember is, that the crackling sound proceeds from the minutest divisions of the air-tubes, and from the ultimate vesicles of the lungs.

Sometimes, I say, when this crackling ceases. the ear, applied to the corresponding surface of the chest, feels it heave up in inspiration, but catches no sound at all. Much more commonly, however, a *new* sound reaches the ear. It is not the vesicular rustle; it is not the minute crepitation; but a whiffing sound is audible, like that produced by blowing through a quill. Little gusts of air are puffed in and out; most distinct, often, at the termination of a slight cough or hem. This is the sound to which the term *bronchial respiration* has been given; and the name expresses well the fact. I mentioned before, that in the healthy state we do not hear the air pass through the larger bronchi during inspiration and expiration; the sound doubtless is made, but it is obscured and hidden by the smooth rustle of the vesicular breathing, which comes from the spongy lung surrounding the larger divisions of the bronchi, and intervening between them and the ear. But that spongy structure is now filled up. The hepatized lung admits air to pass through the larger bronchi, which are still patent, but it admits none into the vesicles and smaller tubes. It crepitates not when pressed between the thumb and finger; in fact, it is converted into a solid substance and conducts the sound, in the living body, as any other solid substance might do; and therefore the whiffing, blowing, gusty sound of the breath, as it enters and departs from the larger bronchial tubes, which still remain open, is conveyed to the ear, and *bronchial respiration* is heard. At the same time, and in the same place, another auscultatory phenomenon generally arises, and admits of a similar explanation. The *voice* of the patient descends into the pervious bronchi, and is conveyed to the ear of the listener through the solid lung, and it is quite altered by that circumstance. The tone of it is modified; it sounds like the voice of one speaking through a tube. It is totally different from the same voice heard through the healthy lung at the corresponding point on the other side. It approaches in distinctness and quality, but it does not reach the sound heard in speaking when the stethoscope is placed over the trachea. A humming and muttering are audible, but the words are not distinctly articulated into the ear. It is hard to describe these things in words. Three minutes at the bed-side of a patient in whom the bronchial breathing and the bronchial voice were tolerably well

marked, would put you in possession of them for ever. They are striking sounds, requiring no fine tact to distinguish, and exceedingly informing sounds.

PRACTICAL DISSERTATION ON AFFECTIONS OF THE STOMACH.

By the late JOHN HOWSHIP, Esq.

The affections of the stomach to be noticed and discriminated are inflammation, spasm, contraction or irritation, effusion, ulceration or mortification, hæmorrhage, organic disease, tumour in its coats, scirrhus and soft cancer, or fungoide disease.

ON INFLAMMATION OF THE STOMACH.

Inflammation of the stomach may attack its serous covering, its mucous coat, or it may include all the tissues. In the first case, the attendant symptoms most acute are most easily discriminated; in the second, the distinctive signs, frequently equivocal, may be altogether wanting; in the third, the facility for discrimination again returns, as the acute symptoms again prevail.

In general, these affections occur independently of each other, or at all events inflammation and ulceration of the mucous coat may often take place without any perceptible change in the serous covering. Even in acute action, the intensity of the symptoms is liable to much variation, and no precise description can therefore express every shade of character. But the previous health good, inflammation of the serous covering will be attended with acute pain in the seat of the stomach, increased on pressure, with sickness and vomiting, frequently hiccup, small, hard, quick pulse, heat of skin, thirst, white tongue, hurried respiration, and great prostration of strength.

The more frequent case is that least easily distinguished, in which the mucous membrane is the seat of inflammation. There is still, in general, uneasiness or pain at the stomach augmented by pressure, a peculiar sense of heat in the stomach, and perhaps also in the throat and fauces, a desire for cold drinks, sickness or loathing of food, tongue generally red and moist, pulse quick but soft, breathing somewhat hurried.

In the illustrations to be adduced, it will be seen that, in one case, inflammation, with copious effusion of fibrine on the mucous lining of the stomach, was induced by the irritation of mercurial medicines; in another, habitual intemperance destroyed life by an extensive effusion of purulent matter between the coats of the stomach. That inflammation is the result when life is destroyed by the oxalic or by the mineral acids, but that the destructive effect from swallowing heated fluids or water, depends on temperature, for if the heat be moderate, the symptoms and appearances of inflammation and effusion take place, although life is eventually destroyed by the shock sustained through the nervous system; but that where the heat is excessive the patient dies without any material appearance of inflammatory excitement in the part, the vascular and vital powers of the organ sinking, through intense pain and irritation, into gangrene.

The single instance of chronic ulcer making its way through the coats of the stomach, is adduced, as descriptive of the manner in which fatal peritonitis is thus brought on.

Inflammation, with Fibrinous Effusion, upon the Mucous Membrane of the Stomach.—A child, æt. two years, for hydrocephalus, was placed under the usual medical treatmeut, including the submuriate and other preparations of mercury. The stomach, generally retentive, occasionally rejected food; eventually he sunk and died.

Post mortem.—In the head, the brain exhibited the usual appearances of serous effusion. In the abdomen, the stomach externally healthy and relaxed, the head of the colon distended, the part beyond closely contracted, and the transverse arch united to the gall-bladder by the finest adhesions; which adhesions, when I afterwards injected the viscera. were by a glass found to be beautifully vascular. The viscera injected and alimentary canal laid open, the outwardly healthy stomach proved to be internally inflamed, highly injected, and its mucous surface everywhere covered with a copious effusion of fine flocculent fibrinous matter, so closely adherent, that, hanging down like the most beautiful lace-work, it could scarcely be detached. A similar effusion extended through the duodenum, gradually disappeared in the jejunum, and became again especially manifest towards the sigmoide flexure of the colon.

Inflammation, with Purulent Effusion into the Cellular Tissue, between the Coats of the Stomach.—Mr. B., 45, an intemperate spirit-drinker, was subject to attacks of pain and sickness at his stomach for fifteen years. The attack was generally preceded, for a day or two, by a distressing burning heat in the stomach; sickness and vomiting then came on, with outward tenderness, and went off in a few days. These complaints increased in severity; and on the day of his last seizure, the severity of pain prevented his taking any food. He felt cold, and had repeated slight rigors, and said he feared he should have spasms at the stomach, which he had heard were dreadfully painful. He soon after felt sick, and the next day, with Dr. Ager, I visited him. Pulse weak and small, 120, skin hot, tongue white, great pain and tenderness at the stomach. Mild saline and diaphoretic medicines, with a blister, were directed. The following morning, the medicines rejected, he became comatose, was slightly convulsed, so remained, and in the evening expired.

Post mortem.—On opening the abdomen, we found the stomach not discoloured externally, appearing and feeling thicker than natural; it was removed and laid open along the lesser curvature, where the thickening was greatest. In making this and other sections, it appeared that pus, fibrine, and serum, had been freely effused into the sub-mucous cellular tissue through all parts of the stomach. In some parts the effused matter was principally purulent, in others fibrinous, with here and there traces of fine capillary arteries shooting into the newly-deposited fibrine. Behind the longitudinal rugæ, the infiltration was a transparent serum. At the lesser curvature, the thickness of the coats of the stomach was nearly half an inch, in consequence of these changes.

Poisoning by Oxalic Acid; recovered.—I visited, with Mr. Love, a girl, 17, who had just swallowed half an ounce of oxalic acid. She said she had bought the acid, and mixed it with cold water, in a teacup, but that as it would not entirely dissolve, she swallowed it as it was, water and all. She almost instantly felt extreme burning heat at the stomach, and in ten minutes vomited quantities of thick ropy mucus, tinged with blood. This was at 5 p.m., at 6 I saw her. Mr. L. had previously given her eight ounces of liquor calcis, with the same quantity of oil, which had been retained, and the burning heat much relieved. Pulse small, moderately soft, 90. Epigastrium somewhat tender. She lost six ounces of blood from the arm, and had some whitening dissolved in water to drink, from time to time, to meet the dissolution of any crystals that might yet remain.

The following day, nearly well, the pulse was 84, no remaining pain, but some tenderness at the stomach; she soon recovered.

Poisoning by Oxalic Acid, terminating fatally on the Fifth Day.—I was called (9 a.m.) to visit C. S., 40, in great pain, and vomiting copiously a thick glairy mucus, having taken, half an hour before, one ounce of oxalic acid, in warm brandy and water. Pulse 60, not otherwise disturbed. I at once mixed and made him drink, at intervals, quantities of whitening and water. He was cupped to fifteen ounces on the pit of the stomach. At 4 p.m. no perceptible pulse at the wrist, scarcely any at the temples. Seven p.m. pulse extremely small and soft, 120. Sense of acute and burning heat in the stomach and down the throat. An oily emulsion had procured three stools. He could bear pressure on the stomach, but it increased the pain, and brought on sickness and vomiting.

The following day pulse fallen to 90, skin natural. Still sick, but in less pain. Third day, pulse 80, skin perspirable; little pain at stomach, but great difficulty in swallowing, and sometimes in breathing. He continued to decline, and on the morning of the fifth day died.

Post mortem.—I found the margin of the epiglottis, and especially the lower part of the pharynx, covered by a thin layer of effused fibrine, with high inflammation. The commencement of the œsophagus was closely contracted by spasm. The lower, like the upper part of the œsophagus, had evidently suffered more severely from inflammation than the intermediate space, being extensively covered with effused and adherent fibrine. In the stomach, which was carefully injected, the traces of inflammatory action were evident, but unattended with effusion.

Poisoning by Muriatic Acid, fatal.—J. T., a young man, in a fit of depression, swallowed half a teacupful of a solution of tin in muriatic acid. In five hours I found him in severe pain at the stomach, with restless anxiety, thirst, and copious vomiting of stiff glairy mucus. Pulse 100, very small, rather hard. A full bleeding was taken from the arm, and oily diluents freely given. Dr. HOOPER directed a blister to the stomach, aperient medicines, and an emollient enema. The next day the medicines had operated, but the symptoms were worse. Dreadful pain at stomach, restlessness, astonishing quantity of mucus rejected, quickness and lowness of pulse, all greatly aggravated. Third day, the rapid pulse scarcely perceptible, the other symptoms continuing, towards evening delirious, in the night he died.

Post mortem.—I found the mucous lining of the œsophagus somewhat inflamed. The stomach externally violently inflamed, internally thickened and pulpy, was excessively vascular, and filled with a stiff ropy mucus. A few inches only of the duodenum also were inflamed, yet no spasmodic contraction was observed.

TESTS FOR SULPHURIC ACID WHEN THROWN ON THE PERSON.

Read before the British Association. By ROBERT DUNDAS THOMSON, M.D.

Of late years the practice of throwing sulphuric acid upon the person in revenge for actual or imaginary injuries perpetrated by masters on those employed by them, has happily become rare, and the circumstance appears only to be met with where the acid happens to be the readiest means of inflicting vengeance. Two cases have occurred to me within the last two or three months, in which injury has been attempted by the instrumentality of this corro-

sive agent. One of these was the instance of a man, who, in a fit of intoxication, drank five ounces of dilute sulphuric acid; the corrosive action was, fortunately for the unhappy victim, speedily checked by the administration of magnesia and chalk. The other case was that of a man upon whose face a quantity of sulphuric acid was thrown by a woman in a fit of rage. The acid reached the right eye, and spread over the cheek of the same side, and partially also over the left cheek. The conjunctiva of the left eye was much inflamed, but obviously by communication from the inflammatory excitement of the cheek, and not from the acid having come in actual contact with the organ. As soon as the injury was inflicted, the unfortunate sufferer made an effort to procure the means of removing the deleterious agent; but before he could obtain some water for this purpose, two minutes had elapsed, according to his statement. The injury was received on the 14th of July, 1840, and on the 17th the cornea of the right eye had acquired a white opacity, and vision was irrecoverably destroyed. The case came before the magistrates, and ultimately before the Central Criminal Court: the culprit admitted before the magistrate that the acid was the oil of vitriol of commerce, but pleaded not guilty in court. The quantity of acid employed, for the criminal's object had been considerable, as appeared from the evidence. It had been procured for the purpose of cleaning brass, and was standing on the table in a cup. A large portion had been projected at the head, and as the hat was worn at the time. much of the acid was intercepted by that article of dress. The front part of the hat, including the rim, body, and part of the crown, possessed a bright red colour. A moist acid spot existed on the centre of the crown, and the red colour had penetrated the walls of the hat in some places.

A portion of the red part of the hat was boiled in distilled water for some minutes. The liquid afforded an acid reaction with litmus paper, and a white precipitate with nitrate of barytes. This precipitate was partially dissolved by nitric acid. A pure white portion remained, however, which was not acted on by the strongest nitric acid, even with the assistance of heat. To determine further whether the precipitate was sulphate of barytes, a portion of it was treated before the blowpipe on charcoal, when a distinct exhalation of sulphuretted hydrogen immediately ensued.

For the sake of comparison, a part of the hat, which was uninjured and continued in a fresh state, was treated in a similar manner to that adopted in the preceding experiment. The distilled water in which it was boiled was filtered and tested with litmus paper; the latter became red. A precipitate was also afforded, when nitrate of barytes was added, which was partly soluble in nitric acid.

In each of the two experiments there were two proofs of the presence of sulphuric acid; that is to say, the hat in its natural state contained sulphuric acid, and likewise in its injured form. But the question remained, was this acid in both cases in a combined or free state? The circumstances of the fluid in which the injured hat had been boiled presenting an acid reaction, was no proof of the presence of free acid, because many of what are denominated neutral sulphates possess the same characters. Thus sulphate of alumina, or common alum, turns vegetable blues red; sulphate of iron, sulphate of alumina, sulphate of potash, &c., exhibit an acid reaction. Even sulphate of barytes, when washed with the greatest care, is never free from an excess of sulphuric acid. It is obvious, therefore, in the instance of all these salts, that if carbonate of lead were to be boiled with them, the excess of acid would form a sulphate with the lead, and therefore the proof, usually deducible in favour of the presence of free acid from the formation of a sulphate of lead, by boiling a neutral sulphate with carbonate of lead, is liable to afford a deceptive conclusion.* If this reasoning be applicable to the testing of large quantities, it must also be of weight in respect to those cases where the experiments are made upon drops, spots, and imponderable portions.

Having now ascertained that sulphuric acid was present both in the injured and entire hat, but without having decided as to the relative quantities present in each case, the following experiments were made to determine the quantity added by the injury:—fifty grains of the injured hat were boiled with two ounces of distilled water; the fluid was then filtered. The residue was boiled with one ounce of water, and also filtered. The collected fluids possessed a resinous smell, a brown colour, turbid aspect, an acid reaction, and somewhat sour taste. Upon the addition of some pure nitric acid, the turbidness was removed, and the liquid assumed a red shade of colour; a solution of nitrate of barytes was added until precipitation ceased. The fluid was then boiled, and again tested with nitrate of barytes, but no precipitate fell: the sulphate of barytes which was thus produced in a fluid containing an excess of nitric acid, was well washed and dried. After ignition it weighed two grains, equivalent to 0.689 grains sulphuric acid. The excess of acid prevented the possibility of any carbonate being mixed with the sulphate of barytes, and the boiling rendered it impossible that any sulphuric acid could remain in the solution, either in a combined or free state. The propriety of the precaution of boiling the fluid in which sulphate of barytes is to be formed is demonstrated by the fact, that in a cold solution, a soluble salt of barytes is not capable of throwing down all the sulphuric acid in solution, especially if the latter be in a state of combination. A temperature under ebullition, it is stated by some chemists, is sufficient for this purpose; but for the sake of security, boiling is to be recommended. Having thus obtained a standard of comparison, by determining the absolute quantity of acid in the injured part of the hat, it became necessary to follow the same routine with that portion which remained entire. Fifty grains of the uninjured part of the hat were therefore boiled with the same quantity of distilled water as in the preceding experiment, and the same precautions were attended to. After washing the precipitate of sulphate of barytes carefully, and igniting it, the residue weighed 0.5 grains, equivalent to .178 sulphuric acid.

Hence it appeared from these comparative experiments, that the hat in its entire state contained .356 per cent. of sulphuric acid, in the form probably of alum or sulphate of iron; and that the injured hat contained 1.379 per cent., or, in other words, that it had received by the injury 1.023 per cent. of sulphuric acid. These experiments would appear to show that great caution must be exercised, before concluding, from the examination of a single red spot, that the acid which produced it is sulphuric, when the tests for that acid indicates its presence. The only decisive mode of arriving at a demonstration, is by a quantitative analysis, as in the instance which has been previously considered.

There is a point of importance to be attended to in applying tests to the common oil of vitriol of commerce, viz, that it always contains, when made from sulphur in this country, nitric acid. Barruel has stated that sulphuric acid is capable of dissolving platinum. I have not been able to satisfy myself that it dissolves any sensible quantity of gold-leaf. Barruel attributes the property which he states it to possess of dissolving platinum, to the sulphuric acid assuming the office of muriatic acid. But I am not aware of any experiment which would authorise this conclusion; I attribute the action, if such an occurrence take place, to the muriatic acid which is present in all the oil of vitriol which I have examined. It is given out in sensible quantities when a solid oil, such as cocoa-nut oil, is acted on by sulphuric acid. I observed this several years ago when examining some Indian oils. Although I have not been able to observe the solution of any sensible quantity of gold-leaf by the action of oil of vitriol, *per se*, yet if a few drops of muriatic acid be added, the action is very powerful; and in the administration of heat, platinum is rapidly dissolved also. These observations, therefore, afford clear evidence that wherever oil of vitriol is present, we may expect to be able to detect nitric acid, and *vice versa*; that where we find nitric acid, careful examination should be made, in order to determine whether it be only an evidence of the existence of sulphuric acid, or an independent agent.

Before concluding, and as the testing of nitric acid is so intimately connected with that of sulphuric acid, I may add that I know of no certain test for nitric acid, save that of its dissolving gold or platinum when mixed with muriatic acid, the action of morphia upon it is very doubtful; the yellow colour usually considered to be a proof of the co-existence of nitric acid and morphia, frequently appearing by the action of nitric acid upon organic substances. Dr. Christison admits that pure morphia is not affected at all by nitric acid, which is as much as to say that morphia has no action upon nitric acid, but that occasionally when it occurs with a resinous or accidental accompaniment, a yellow colour is produced. From an examination of numerous cases of poisoning with opium in which I have recently been consulted, I have found it necessary to consider the nitric-acid test for morphia merely as an auxiliary, but by no means as a conclusive proof of its presence.

* The author has accordingly found that sulphate of soda, when boiled with carbonate of lead, produces abundance of sulphate of lead.

ON FUNGUS OF THE BLADDER.

By M. CIVIALE.

TREATMENT OF FUNGUS OF THE BLADDER.

The treatment of fungus of the bladder is essentially surgical; but the means hitherto employed have been utterly inefficacious. The disease not being recognised during life, no rational treatment could be adopted; and consequently the radical cure was never attempted, save in a few cases where fungus co-existed with calculus.

When the diagnosis of the disease during life became possible, it was natural to seek for some mode of treatment: my attention has been long turned to this point, as appears from my second letter on lithotrity, and from the letter which I addressed to the Academy of Sciences in 1834, in which latter document I indicated various methods of treating fungus of the bladder, communicated the results that I had at that time obtained, and announced that a patient was then under treatment in the Hôpital Necker.

There are various methods of treating commencing tumours of fungus excrescences, whether of the neck or of the cavity of the bladder.

I first tried the method of ligature, which I abandoned as being applicable to but few cases, and adopted the method of evulsion and of trituration, which latter method is the preferable one, and is much more easily practised than might be thought. The operation is performed with the three branched instrument used in li-

thotrity. Care must be taken that the lithotrite glides with facility in the canula, for as the fungus gives but little resistance, its contact with the instrument might not be perceived if the instrument did not play freely in its canula. The surgeon must have much experience in the practice of lithotrity, and must proceed with the utmost caution and circumspection.

When the fungus is situate at the neck of the bladder, that organ is distended with water, and the instrument being introduced is fully opened and gently drawn towards the surgeon, as if he would withdraw it. The back of the branches of the instrument are thus applied against the orifice of the urethra and neck of the bladder. The instrument is now gently moved in a lateral direction, in order to be certain that one of the branches is not applied to the surface of the fungus. On ascertaining that the fungus is comprised within the branches of the instrument, they are closed without altering the position of the instrument, lest its relation to the tumour might be changed. The head of the lithotrite must rest on, but not push against the excrescence, while the canula slides on the branches, till a resistance is felt.

The pain experienced by the patient will not guide us, as generally very little is felt. Before closing the instrument further, it is prudent to endeavour to ascertain if the tumour is pedunculated, and if the peduncle is long or short, or more or less thick. In the former case the instrument, in embracing the tumour, moves with facility to a certain extent, without abandoning the fungus; but in the latter case its motions are very limited.

If we proceed with due caution, distend the bladder with fluid, and act only at the vicinity of the neck of the bladder, we need not apprehend seizing the coats of the organ, as they are distended and kept asunder by the branches of the instrument. Nothing but a diseased product can be grasped by the instrument, which we may therefore close fearlessly and firmly, taking care to keep it steadily fixed at the neck of the bladder. A scale at the handle of the instrument indicates the volume of the tumour, which is now to be torn off by suddenly drawing the instrument forward, if the tumour is of a size capable of traversing the urethra; but if it be larger, the instrument should then be pushed backwards and upwards. This latter manœuvre is generally the preferable one.

If the base of the tumour be large, it is sometimes difficult to seize it, and the attempt sometimes causes severe pain; it is then imprudent to attempt evulsion of the fungus, which should be crushed, a proceeding that is more easily effected.

This method only differs from the former in this, that instead of endeavouring to tear off the fungus, we crush it between the branches of the instrument, taking care not to put it on the stretch.

This is the method that I have practised most frequently, and with most success. It is essential to select a lithotrite with very strong branches, for in order to accomplish the crushing of a fungus, the instrument must be closed very forcibly, so as to destroy the sensibility of the mass, and thus save the patient pain.

It must be recollected, that this is an extremely delicate operation; if the growth has a large base, it is very easy to pass the limits of the disease, and the life of the patient would then be compromised; this consideration has prevented me from operating in such cases. If the fungus be pedunculated, no such danger exists, and the operation can be performed with all desirable precision; in fact, I have thus treated various patients, who had both calculus and a fungous excrescence of the neck of the bladder. I have not observed that the fungus is reproduced. When once destroyed, it falls into the bladder, and is expelled by the urine, or it may be extracted after a few days.

The precaution of distending the bladder with a fluid is still more essential, when we have to operate on a fungus in the inferior fundus of the organ.

In calculous patients it is during the latter explorations made with a view of ascertaining whether lithotrity has effected a perfect cure, that we are especially apt to encounter small fungous excrescences from the body of the bladder. While the stone exists they rarely present themselves to the instrument, unless they be voluminous, and then they impede the manœuvre, so that it is right to commence by destroying them. This rule is not, however, generally applicable; I have often destroyed a stone with the lithotrite, though I had previously ascertained the existence of a bulky fungus; and in more than one case, where the general health was impaired, I abstained altogether from meddling with the fungus, contenting myself with directing frequent and long-continued injections, to prevent a return of the stone, which, in such cases, is always to be apprehended.

There is an important circumstance connected with the small vesical fungi that accompany stone. They are almost constantly the result of the stone; and remain stationary, if indeed they do not diminish after the removal of the foreign body; we should therefore, in such cases, wait for several months to ascertain what influence the removal of the stone exerts on the fungi. By adopting this rule of practice, I have been enabled to avoid several operations which, in the first instance, seemed to me to be necessary. These excrescences diminished in several cases to such an extent, that had I not previously ascertained their existence, I should have been unable to discover them. If, however, the fungus does not diminish, the case is serious; and if, on the contrary, it augments in bulk and consistence, the life of the patient is compromised. It behoves the surgeon, therefore, to be vigilant, and to frequently explore the bladder.

Setting aside the difficulty of the operation, and the qualifications required for its performance on the part of the surgeon, the destruction of the fungus of the bladder, whether by evulsion or by crushing, is far from being so serious or dangerous a proceeding, as at first sight might be thought. This indeed is a fact long known; fungi have been partially or entirely torn away during the operation of lithotomy, and yet the patients recovered. The cases related by Dessault and Corvillard, prove this to demonstration. Baseilhac even considered such a proceeding as almost harmless. We must, however, acknowledge, that some cases of lithotomy, where a fungus was torn away, ended fatally; but we cannot affirm that the fatal issue of the operation depended on the fungus.

In some of the cases where I operated, a perfect cure was obtained; a few days sufficed to enable the patient to pass water naturally, and to dissipate every morbid phenomenon. In other cases, the result has been incomplete; the patient passed water better, but there remained difficulty, pain, frequency, and slowness of passing water, with symptoms of catarrh. From some observations it appeared, that these inconveniences resulted from the remnant of the peduncle of the fungus. In these cases the application of nitrate of silver to the point which the fungus had occupied, was followed by excellent effects. In most diseases of the neck of the bladder, however, cauterisation must be applied slightly, and at long intervals. This method has particularly succeeded, when in place of real isolated tumours sufficiently prominent to be seized by the instrument, there existed at the neck of the bladder a puffy fungous condition of the mucous membrane, rather than a fungus itself. Such a state of parts is not of rare occurrence. Two or three applications of the nitrate of silver have then succeeded very well.

Whatever may be the method adopted, the benefit obtained is not always permanent. After some months the symptoms return; there is frequently pain and difficulty in passing urine neuralgic and catarrhal symptoms then supervene. I have explored the bladder in two such cases, and could not make out that the fungus had grown again; the neck of the bladder was so irritable, that the patients could scarcely endure the contact of the instrument with it. In one of these cases, the treatment for obstinate neuralgia succeeded perfectly; the other patient was under the care of another surgeon.

The details I have entered into, show that the methods I have proposed for the treatment of fungus, are only applicable at the commencement of the disease, before the tumour has assumed such a volume as interferes with the introduction and suitable management of the instruments. To estimate the value of the methods I have proposed, they must be strictly confined to the cases suited for them. This is a rule not always observed in surgery. Whether from not rightly appreciating the indications, or from violation of the rule laid down, it often happens, that inexperienced persons proceed without method or precision, and fail to do good, or even do positive harm; and then a deodemnatory judgment is passed on such defective data.—*Gazette des Hopitaux.*

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths from all causes, registered in the week ending Saturday, the 25th September, 1841:—

Epidemic, endemic, and contagious diseases	168
Diseases of the brain, nerves, and senses	159
Diseases of the lungs, and other organs of respiration	234
Diseases of the heart and blood-vessels	18
Diseases of the stomach, liver, and other organs of digestion	69
Diseases of the kidneys, &c.	5
Childbed, diseases of the uterus, &c.	5
Diseases of the joints, bones, and muscles	4
Diseases of the skin, &c.	0
Diseases of uncertain seat	111
Old age, or natural decay	52
Deaths by violence, privation, or intemperance	31
Causes not specified	1
Deaths from all causes	857

ROYAL COLLEGE OF SURGEONS LONDON.

List of Gentlemen admitted Members on Friday, October 1st, 1841:—

Edmund Colchester.
Edmund Metcalfe.
Charles Horton.
Francis Robert Stradling.
James Alfred Stamford.
John Thomas Nicholas Lipscomb.
Edward D'Auvergne.
James Lord.
William George Goldin.
Charles Henry Morrison.
Edward Seppings.

A SESSIONAL SYNOPSIS FOR LONDON AND THE PROVINCES.

LONDON.

	Midwifery.	Chemist.	Anatomical Demonst.	Anatomy and Physiology.	Medicine.	Materia Medica.	Surgery.	Botany.	Medical Jurisprude.	Comparatv. Anatomy.	Morbid Anato my
Guy's School	Dr. Ashwell	Messrs. Aikin&Taylor	Messr. Cox, Hilton. Birkett & Moody.	Mss. Cooper & Cock.	Drs. Bright & Addison	Dr.Addison.	Messrs. Key & Morgan.	Drs. Johnson and Bird.	Mr. Taylor.	Mr. King.	Messrs. Key and Hilton.
London School	Dr. Ramsbotham	Dr. Pereira	Mess. Adam & Critchett.	Mr. Adams.	Drs. Cobb & Little.	Dr.Pereira.	Mess. Luke & Norby.	Mr. Quakett	Drs. Rambotham & Frampton		
Grainger's School	Drs. Reed & Andrews	Mr. Lewis	Mess. Barron & Jones.	MrGrainger Dr. Pettigrew.	Dr. Bennett	Dr. Wilks.	Mr. Pilcher	Mr. Cooper.	Dr. Williams.		
St. Thomas's	Dr. Cope	Dr. Leeson	Mess. Tomkins Dickson, & Trew.	Messrs. M'Murdo & Clarke.	Dr. Williams.	Dr. Burton.	Mess. Solly, & Travers.	Dr. Cohen.	Drs. Barker & Leeson.	Mr. Solley.	Dr. Barker.
St. Bartholomew	Dr. Rigby	Mr. Griffiths	Mess. Wormald & M'Winnie	Mr. Stanley	Dr. Burrows	Dr. Roupell	Mr. Lawrence.	D ♦ arre.	Dr. Baly.	Mr. Mac Whennie.	r. Paget
Aldersgate	Dr. Waller	Mr. Scoffern	Mess. Skey & White.	Mr. Skey.	Drs. Willis' Bird.	Dr.Steggall	Mr. Skeye	Dr. Willshire.	Mess. Hodges & Scoffern.		
Hunterian		Dr. Venables	Mss. Chance & Lucas.	Dr. Flood.	Drs. Boyd and Grant	Dr. Wilks.	Mr. Lucas.	Dr. Wilks.	Dr. Venables.		Mr. Chance.
Charlotte Street	Dr. Harrison	Mr. Scoffern	Mr. Dermott.	Mr. Dermott	Dr. Aldis	Mr. Baxter.	Mr. Dermott.	Dr. Brown.	Mr. Scofforn		
University School	Profr. Davis	Profes. Graham	Mess. Quain Sharpie, Ellis and Morton.	Pf. Sharpey.	Prof. Williams.	Prof. Thomson.	Professor Cooper. & Liston.	Prof. Lindley.	Prof. Thomson.	Grant.	
SydenhamCollege	Dr. Heming	Mr. Rodgers			Dr. Thompson.	Dr. Sigmond.	Mr. Beck.	— Hoblyn.	Dr. Cooke.		
King's College	Professor Ferguson & Farr	Prof. Daniel	Mess. Partridge, Simon & Bowman.	Prof. Todd.	Prof. Budd.	Prof Royle.	Prof. Ferguson.	Prof. Don.	Prof. Grey.	Prof. Jones.	
Middlesex School	Mr. North	Mr. Everitt	Mess. Tuson Wilson, & Rowden.	Mr. Tewson	D Hawkins	Dr. Cra - ford.	Mr. Mayo.	Mr. Rogers.	Mr.De Morgan.		Mr.Hancock
Charing Cross	Dr. Chowne	Mr. Fewnes	Mess. Hird & Canton.	Mr. Jones.	Drs. Shearman and Bennett.	Dr.Steg gal	Mr. Hancock.	Dr. Willshire.	Drs. Chawne & Bennet.		
Westmin. School	Dr. Andrews	Mr. Lewis	Dr. Hunter and Mr. Long.	Dr. Hunter.	Drs. Roe & Burne	Dr. Basham	Mr. Phillips.	Dr. Wilks.	Dr. Bird, & Mr. Hodges		
St. George'sSchool	Dr. Lee	Mr. Brand	Mess. Johnsons.	Tatum & H. Johnson	Dr. M'Leod & Seymour.	Drs. M'Leod & Nairne.	Mess, Hawkins, & Babington.	Dr. Dickson.	Dr. Page, & Mr. Macauley.		

PROVINCES.

Liverpool	Dr. Malkin	Dr. Brett	Mr. Higginson.	Mr. Long.	Dr. Scott.	Dr. Duncan.	Mr. Banner	Dr. Dickenson.	Drs. Duncan & Mallers,	
Manchester	Mr. Heath	Mr. Davis	Mess. Scott & Smith	Mr. Turner.	Dr. Bardsley.	Dr. Newbold.	Mr. Ransom.	Mss. Just, & J. Wood.	Dr. Black.	
Leeds	Messrs. Smith & Braithwaite	Messrs. Manley & West	Mess. Price Iken, & Hey.	Mess. Teal Garlick & Nunnelly	Dr. Hunter.	Dr. Chadwick.	Mr. Hey.	Mr. Wilkenson.	Dr. Smith.	
York	Messrs. Allen & Anderson	Mr. Barker	Mr. Cormack.	Mr. Hopps.	Drs. Enfeson & Goldie.	Mr. Williams.	Mr. Russell.	Mr. Husband.	Dr. Belcore.	
Newcastle-on-Tyne	Mr. Dawson	Dr. Glover	Mr. Fife.	Dr. Enbleton & Mr. Morrison.	Mr. Charlton.	Dr. Elliott.	Sir J. Fife.	— Thornhill	Drs. Charlton and Glover.	
Bristol	Messrs. Tisane & Hetley	Mr. Herapath	Mr. Coltburst.	Dr. Reily & Carpenter	Dr. Symonds & Bernard	Dr. Bernard.	Mr. Green.	Mr. Rotsey and Dr. Carpenter	Mess. Farebrother & Staples.	
Sheffield	Mr. Turton		Thompson & Martins	Mess. Gregory, Jackson & Harwood.	Dr. Thomson.	Mr. Turton.	Mr. Thomas.	Dr. Harward	Mr. Palfryman and Jackson.	
Birmingham	Dr. Ingleby & Mr. Berry	Mr. Woolrich	Mess. Sand & Cox.	Parker and Bolton.	Dr. Eccles.	Mess. Johnstone and Knowles	Mr. Cox.	Mr. Knowles	Dr. Davis.	Mr. Parker.

There are also Lectures in the London Hospital School on Dental Anatomy, and Diseases of the Teeth. by Mr. Craigie; in Guy's, on Medical Physics, by Dr. Bird, on Moral Philosophy, by the Rev. F. D. Maurice, and the Diseases of the Eye, by Mr. Morgan; in Grainger's, on Natural Philosophy, by Mr. Lewis, Operative, Surgery and Bandages, by Messrs. Pilcher and Barron; in the Hunterian, on Diseases of Children, by Dr. Green: and the University School, on Zoology, by Professor Grant; in Charing Cross School, on Natural Philosophy, by Mr. Watts; the Westminster School, on Natural Philosophy, by Mr. Brook, Practical and Pharmaceutical Chemistry, by Dr. Basham; in the Manchester, on Diseases of the Eye, by Mr. Hunt, and General Pathology, by Mr. Stevens and Dr. Ainsworth: in the Newcastle School, on Mathematics and Natural Philosophy, by Mr. Snape, Geology, by Mr. King, Practical Chemistry, by Dr. Glover; in the Birmingham School, on Opthalmic Surgery, by Mr. Middlemore, Hygiene, by Dr. Nelson, Mathematics, by the Rev. W. Lawson, and Natural Philosophy, by Dr. Nelson.

TO CORRESPONDENTS.

Mr. Selwyn is requested to receive the expression of our deep regret on his disappointment; after this week he will find that arrangements have been made to prevent any cause for a recurrence of his complaint; it is hoped that this answer will appease any other of our subscribers to whom the irregularities of the trade have caused disappointment.

G. S.—*We are always happy to receive and publish cases, under the care of Mr. Aston Key, or Mr. Lawrence.*

We are afraid, from press of matter, that we must decline, or at all events, defer for the present, inserting the notes that have been sent us of Mr. Dermott's Introductory Lecture.

Mr. SPENCER, *is kindly thanked for his interesting contribution. We shall certainly make use of it.*

THE MEDICAL TIMES.

SATURDAY, OCTOBER 9, 1841.

IF comparative pretensions were a sure test of comparative worth, our Sessional Synopsis would leave our readers little difficulty in deciding the positions which the Metropolitan Schools hold both in relation to one another, and to the Schools of the Provinces.

The first remark that strikes us in reading over the Table is, that while it presents but infinitisimal differences in the quantity of the wares which are offered to our young medical buyers, it shows an almost equal uniformity in regard to the quality. In glancing, for example, over our London list of Lectures, who can avoid feeling that the long catalogue of varied names is little else than one long catalogue of unvaried mediocrity? Who, permit us to ask, is the Mr. E. J. Chance, of the Hunterian School, and who is its Mr. P. B. C. Lucus? What fatality of accidents was it that kept their shining merits so hermetically sealed under a bushel, up to the happy hour when the speculating Mæcenas' of 20, Charlotte Street, thought proper to astonish a dazzled world with their liberated and novel radiance? Both gentlemen, we are told, are marked down for Demonstrative Anatomy. Mr. Lucus'

qualifications, as a demonstrator, consist, we presume, in the fact that he has inherited the family privilege with the family name of Lucus:

"Lucus a non lucendo."

And if we admit the legitimacy of his claim—we have little reason to doubt that his brother luminary has a title to share the distinction at least equally valid—at all events, as the Irishman said of the blind twins, who were at the same time deaf and dumb, they would find it mighty difficult to make game of each other. It must be some consolation to them in the difficulties of their conspicuous elevation, to feel, that if a Brodie or an Elliotson achieve high fame in teaching what they know, *they* must merit still higher fame, as achieving still higher things—teaching what they do *not* know. We trust that the solace of this reflection, shared by so many of the Hunterian fraternity—shade of Hunter, to have thy name thus mixed with the Chances, the Lucus's, and the Greens!—will stand their friend, in the room of that now hopeless expectation—pupils.

But who, again, is this Dr. Green, who, ashamed of his expressive cognomen, has assumed the redeeming prefix of Hennis? Can he, by any chance, have passed a London College of Physicians unplucked? We ask the question seriously. The answer will form an important element in any future estimate we may give of the comparative usefulness of that sleepy congregation of learned superannuations. There *was* a Green, a subordinate of subordinates on the Lancet, a man useful to run a message or so when Mr. Wakley's boy struck for higher wages. Is this the gentleman? If so, we do for him what we wish we could do for his pupils or the public—we congratulate him on his Lectureship.

But without dwelling further on names which have nothing but their novelty to recommend them to our readers' tolerance, and without even enumerating in other Schools names nearly as insignificant, we have, in the most cursory reference to our Table, proof of the position—which we deplore while we establish—that our London Sessional show of Lecturers is emphatically of the most inferior description. We may venture, indeed, to assert, that during the last fifty years the October market never opened with so diminutive, so ill-fed, so badly conditioned a breed of public teachers. Well may an obscure weekly pamphlet, calling itself a provincial surgical journal, and which, to do it justice, is provincial enough in its dialect—well may this high-priced plagiarism on the Penny Magazine fall into the blunder of placing the London schools under those of the provinces;—well may the lecturers, according to the Editor of the Lancet—who, by the way, has a happy knack of being very sober and serious in his flights of humour—well may they "look dismally alarmed, and inquire "Have you heard of any entries." And very reasonably too may the panegyrists of private studies predict the day when every pupil will have a preceptor to himself; for already, in some schools, if we are well informed, the class of lecturers have outgrown in numbers the class of pupils.—But why, we ask, is all this? We know that the Abernethys and the Coopers are gone (we mean, of course, the Coopers who had any good in them); but we have yet a Clarke and a Weatherhead, we have yet a Brodie and an Elliotson, and while science—shall be loved for science-sake, let Elliotson never be mentioned without honour,—and last, though far from least, despite even the suspicion thrown on his mental powers by his aristocratic morgue, we have *pace magistri* Wakley be it said—we rejoice that we have a Sir Henry Halfird. We *have* all these, and why, we ask, are they not in their proper places? Why are they not in those chairs to whose occupancy their genius gives them an indefeasible right of succession, diffusing the rich store of their personal experience and observation among the practitioners of the day, and forming the surgeons, the physicians, the lecturers of another generation? There must be fault somewhere; we can easily believe it to lie with hospital and school caballers; we will not believe, without proof we cannot believe, that it lies with the heads and ornaments of our profession.

Our minor contemporary before referred to as though he could form no notion of worth, except as something which may be measured by a pecuniary scale—enlarges with a weakness more than usually emphatic on the superiority which the Provincial Schools have acquired over those of town, on the score of *cheapness!* We do not, to a certain extent, deny the fact of greater cheapness, nor will our country friends, the lecturers, most of whom we are happy to notice as old subscribers, be much obliged we imagine by the special and pointed attention which has been drawn to so easily acquired an advantage. Our contemporary's mode, however, of establishing his position does not certainly to our minds intimate any very toward disciple of Cocker. "At the principal London schools," says he, "the fees for Anatomy and Demonstration vary from four to six guineas. In the country, the average is about five pounds." And pray, sir, how much *above* 'five pounds, is the average of sums varying from five to six guineas? We pause for an answer.

Leaving this little specimen of aspiring journalism in sole and congenial possession of his money topic, we conclude by expressing a fervent hope, that if there is to be a rivalry between the Metropolitan and Provincial Schools, of which more anon, it may never present itself to us in the indecorous shape of a rivalry which shall be cheapest.

WESTMINSTER HOSPITAL AND SCHOOL OF ANATOMY.

On Saturday, the Westminster School of Anatomy was opened by Dr. Hunter, late Professor of Anatomy and Physiology in the Andersonial University, Glasgow. From his previous high character as a lecturer and practitioner, considerable interest was felt to witness his debut in London, and most decided success he certainly met with; the theatre was crowded with medical men, Governors of the Hospital, and students, who expressed their approbation by repeated bursts of applause. His subject, "The Study of Medical Science," he divided in four parts:—First, a review of the preparations, studies, and qualifications, in which he argued for a high standard of literary and scientific attainments, to raise and maintain the respect of the profession, and ensure success to the students. Second, a delineation of the various branches of medical science, their relations to each other, and their dependence on anatomy and chemistry. Third, the method of studying medicine, and urging on the student a practical investigation of every department of the science—a regular system of reading and study; and he remarked on the moral principles necessary for the high and responsible duties of the profession. Fourth, the pre-eminent importance of medical knowledge, and the motives which should influence students in its ardent cultivation. He then expressed his obligations to the Committee and Governors of the Hospital, for the honour conferred in calling him from the privacy of a provincial lectureship to this great city—an honour he should endeavour to merit by an assiduous attention to the duties of his professorship. He also dilated on the new and auspicious connection between the School and the Hospital, which he doubted not would be productive of important benefits to both; and concluded by declaring that the success of the Institution was an object of the greatest solicitude to himself and his colleagues.

GUY'S HOSPITAL REPORTS.

REMARKABLE CASE OF ABDOMINAL EFFUSION, RESULTING FROM MESENTERIC TUMOUR. BY W. MARSHALL HUGHES, M.D.

WITH OBSERVATIONS ON EFFUSED FLUID. BY G. OWEN REES, M.D.

George King, æt. 20, a rather tall but well-proportioned young man, of florid complexion, and with long straight black hair, became a patient under my care, at the Surrey Dispensary, Dec. 31st, 1840. He then appeared to be suffering from functional disorder of stomach, or what he called 'the bile.' His appetite was bad; he had occasional rigors and vomiting, and pain of the right side, and was frequently troubled with flatulence, and bitter eructations; his tongue was pale and clean, with lateral indentations from the teeth; his skin was clear and soft, and his pulse frequent, feeble, and compressible. Though his cheeks were not wanting in colour, his expression was slightly distressed, and though he did not appear to be deficient in flesh, he complained of debility, palpitation of the heart, and excitement from slight moral and physical causes. His general appearance, together with his symptoms, caused me to suspect that he had been much addicted to venereal pleasures, or some other similar cause of depression; and I afterwards ascertained, that though exceedingly steady in other respects, my suspicions were well-founded. His father had died from some complaint, supposed to have been induced by a long residence in tropical climates; the other

members of his family were healthy. He was by occupation a wire-weaver, and had been particularly robust and free from ailment till about a year before I saw him. From this time he had been observed to flag a little, as it was afterwards expressed to me by his employer, though no serious affection of his general health was observed by his family till the last eight or ten months, when he first seemed troubled with what to them appeared to be simple indigestion. In childhood he was remarkably healthy, and never had any indications of mesenteric affection, or other disease of the abdomen. The attack for which I was consulted, came on December 25th, with vomiting and other symptoms of derangement of the stomach, and as such I regarded and treated it till January 26th, administering magnesia and vin. opii in a bitter infusion, and a compound rhubarb pill at bed-time. On the day mentioned he was unable to attend at the Dispensary, as he had uniformly done before, I therefore visited him at home, and found him labouring under much the same symptoms as previously, with the addition of considerable tension of the abdomen, arising chiefly from a flatulent condition of the intestines. No tumour was observed, but a little indistinct fluctuation was supposed to exist; his bowels were confined; his tongue clean and moist; he had much vomiting; passed but little water; and was not apparently thinner than when first seen. Ordered:—

℞. Pil. Cambogiæ, c. Pil. Hydrarg. aa. gr. v., stat.
Liq. Potass. m. x.; Ammon. sesqui Carb. gr. iv.; Infus. Gentian co. ℥jss., ter. die sumd.

On the 28th the bowels had been much relaxed; the abdomen was still tense and flatulent, but fluctuation was now distinct; he had no pain, but complains of want of sleep:—

Pulv. Ipecac. co., gr. v., nocte sumd.
Illinatur abdomini nocte maneque. Ungt. Potass. Iodid., ℥i.
Vin. Ferri. ℥iss.; Tr. Columb., ℥j.; Inf Columb., ℥jxss. Fiat haust. ter die sumd.

At this time I had occasion to go into the country for two or three days, and during this time the apothecary of the Institution was several times summoned to him, in consequence of a feeling of faintness, greatly increased debility, and excessive languor and depression. He prescribed:—

Ammon. sesqui Carb., gr. v.; Decoct. Cinchon. ℥iss., 4tis horis.
Ext. Coloc. co.; Ext. Hyoscy. aa. gr. v., hor. somni sumd.
Cont. Ungt.

I saw him again on February 2, and was greatly surprised to observe his altered condition. The abdomen was then tense with fluid, his features were contracted; his face pale, and his expression anxious. He had lost much flesh in a few days; he had no pain, and no sickness, but complained of want of sleep, and was troubled with relaxation of the bowels:—

Cont. Mist.; c. Conf. Arom., gr. x.
Rept. Unguent.
Capt. hora somnrei, Pulv. Ipecac. co. gr. v.

Feb. 4.—There was no alteration, excepting increased distension of the abdomen, and rapidly progressing emaciation and debility, and that he passed but little urine.

Adde. sing. dos. mist. Sp. Æth. Nit., ℥j., et percat.

6th.—Passed very little urine; complained of local pain in the left hypochondrium, which was tender under pressure. The skin was soft, the tongue clean, pale, and moist, and the pulse frequent and feeble:—

Pil. Hydrarg., gr. ij; Pulv. Scillæ, gr. j.; Ext. Hyoscy., gr. ij. M. ft. Pil. ter in die sumd. cum haust. sequent.
Liq. Potass., m. xij; Potass. Iodid., gr. iij.; Decoct. Cinchon., ℥iss.
Capt. etiam, Pulv. Jalap. co., ℈j.; stat. et mane seqte. si opus fuerit.
Applic. Empl. Canthar., lateri dolentum.

On the 9th my colleague, Dr. Barlow, saw him with me, and suggested the addition of Ext. Taraxacii, ℈j., to each dose of his mixture, and that in other respects he should continue the same remedies.

On the 12th the symptoms had become increasingly urgent; he complained of pain from distension of the abdomen, which was now enormously enlarged, considering the time in which the fluid had accumulated. He had some sickness and vomiting, which he fancied had arisen from the Taraxicum in his mi x tu he still passed very little urine, and emaciated with extraordinary rapidity:—

Applic. Fotus Papav. abdomini.
Pulv. Elater. gr. ¼.; Potass. Bitart. ℈j.; Pulv. Zingib., gr. iij. M. ft. Pulv. st. sumd.
Decoct. Scoparii c., ℥iss.; Sp. Junip. co.; Tr. Cinchon. co. aa. ℥j.
M. ft. haust. 6ta quâque hora sumd.

13th.—The powder acted freely, but not violently on the bowels; he passed a considerably larger quantity of water, and appeared relieved. There was about this day first observed œdema of the legs, and of the parietes of the abdomen, with numerous minute tortuous veins upon the surface, giving it a mottled appearance.

16th.—He had some pergat diarrhœaand conjunctional inflammation, the latter evidently arising from entropion, and the irritation caused by the inversion of the eye-lashes, induced by the rapid and very remarkable absorption of the fat of the orbits. The diarrhœa was easily checked by an aromatic chalk mixture with opium; but he sank in the afternoon of the next day, Feb. 17th, being more, and especially more quickly emaciated, than any individual I had before seen.

Sectio Cadav. 22 hours after death by Mr. Nettlefold, present Dr. Ridge and Dr. Hughes.

Externally there was observed an abrasion of the skin over the sacrum, and some frothy mucus about the mouth; other appearances were as before death. The head was not opened; the contents of the chest were not very particularly examined, but the heart and lungs appeared free from disease; the latter organs were without tubercles, and the former was thin, weak, pale, and flabby. No enlargement of the bronchial glands was discovered. Not a particle of fat was to be seen, either in the integuments or the omentum. The peritoneal cavity contained from seven to eight quarts of rather thick and perfectly milky fluid, aptly compared from its appearance to almond emulsion. The peritoneum was not vascular, excepting over a depending portion of the ileum, but was universally sprinkled with minute white specks, by far the larger portion of which was easily removed by gentle friction, and consisted of delicate and almost capillary shreds, evidently deposited from the milky fluid; but some of which were as clearly, firmly adherent to, if not produced by, the membrane itself. They were translucent, angular, and elongated, rather than rounded, and in external appearance, bore a much more striking resemblance to the ova of pediculi capitis, than to any form of tubercles. In the centre of the abdomen, resting on the spine, was a rounded nodulated tumour, as large as a two-penny loaf, which consisted of several agglomerated mesenteric glands, some of which were as large as a small orange, and when divided, presented a soft, pinkish, pultaceous mass, from which, upon very slight pressure, exuded a white cream-like fluid, which appeared to constitute a portion of the deposit itself; others were of a dull white colour, drier and more granular, the whole exhibiting, both exteriorly, and upon the exposed section, the general characters of cerebriform cancer. Other glands of the mesentery were more or less enlarged and opaque some equalling the size of marbles and of pigeon's eggs. Some of the inguinal glands were also considerably enlarged, but contained no heterologue deposit. Several convolutions of the intestines, and the transverse arch of the colon, were adherent to the tumour. They all, however, appeared healthy, except the colon, which in two places was contracted and puckered around two white spots as large as a shilling, which were white, firm, and semi-cartilaginous in appearance. Opposite to these spots, the mucous membrane wes entirely wanting, and their cut surface presented the same physical characters as the early stages of schirrous pylorus. One tubercular looking body only, about the size of a pea, was discovered in the mesentery, close to a fold of the ileum. The liver, spleen, and kidneys were healthy. The pancreas was, unfortunately, not examined. Numerous lacteals, large, tortuous, varicose, and distended, some with a milky and others with a clear fluid, were observed in almost all parts of the mesentery; but in consequence of the sections already made, and of the examination occurring in a private house, no attempt at injection, for the purpose of discovering any lesion, could be made with any probable chance of success. Six ounces of the fluid were transmitted to my friend Dr. Rees, for examination, from whom I received the following letter:—

"My dear Hughes,—I have examined the effused fluid, and find that it contains chyle in considerable quantity. Owing to the chemical character of serous effusions generally, it is quite impossible to determine what quantity of chyle is in admixture with the serum. Some idea, however, may be formed of its large proportion, when we recollect the peculiar milky appearance, so distinct from that of pus, which seems immediately to have attracted your attention when this effusion was agitated with ether, it separated into three distinct parts; the upper being a solution of fatty matter in ether: the lower, a clear serum, and the intermediate layer, a floating mass of chylous matter.

"This chylous matter, to which I have drawn attention in a late number of the *Medical Gazette*, is analogous to an animal principle, existing in large proportion in the saliva, and which seems to play some very important part in the process of nutrition. The characters of the fatty matter dissolved by ether, considered in connexion with the separation of the peculiar principle above alluded to, and the clearing of the serum consequent on the action of the ether, render it pretty certain that the milkiness was owing to the presence of chyle. I certainly have never seen, and do not recollect to have ever heard of an effusion presenting the chemical characters observed in this specimen.

"I am, my dear Hughes, very truly yours,
"G. Owen Rees."

"59, Guildford Street, Russell Square."

This case is a very remarkable one; and as far as my own experience and reading extend, unique. It appears tolerably certain that the symptoms were entirely dependent on the pressure of the tumour. The only questions, therefore, that fairly admit of doubt, are, the nature of the tumour itself, and the chemical constitution of the effused fluid: as to the latter point, I must refer to the letter of Dr. Rees; respecting the former, I may observe, that it is quite possible that upon my first visit to the patient's house,

(for previously to that even the abdomen was not examined,) a small abdominal tumour might have been overlooked, and that subsequently, the abdominal distension might have tended to render it less distinct. It is not, however, I think, probable that a solid mass, nearly as large as that discovered after death, could have existed at that time, without either being detected by myself, or, considering the anxious state of the patient's mind, and the solicitude of his friends in reference to his complaint, without his or their observation; neither is it likely that such a tumour could have remained long in the situation in which it was found, without inducing obvious symptoms, by obstructing the flow of blood and chyle. It may be, therefore, fairly presumed that its growth was very rapid. Its rapid increase in size, then, its obvious physical characters, as well externally, as upon the cut surface—the patient's freedom from abdominal disease in childhood—the absence of anything like scrofulous affection in himself and family—and his robust health up to a comparatively short period before his death—all tend to support the supposition that the disease was of a fungoid or truly malignant character; and that it had either been only recently deposited, or had only recently so much increased in size, as to interfere with the passage of fluids in the veins, lacteals, and thoracic duct. The patient's previous dyspeptic symptoms may have been connected with, or entirely independent of, a mass of diseased mesenteric glands, in which, from some cause, not now to be ascertained, it appears most probable there suddenly occurred increased vascular action, inducing a very rapid growth; the tumour, thus enlarged, pressed with gradually increasing force upon the branches contributing to the vena porta, and the thoracic duct; the passage of the chyle through some of the mesenteric glands was, in all probability, nearly, or perhaps entirely, prevented by the disease affecting their structure; hence arose, not only the serous effusion, and the repletion and tortuosity of, but exudation from, or actual rupture of, the chytiferous ducts; hence, also, though the appetite was not very deficient, the wasting of the body was most extraordinary, both in degree and celerity; and hence the existence of chyle in the fluid analysed by Dr. Rees.—No. XIII., October, 1841.

CASE OF HUMAN MONSTROSITY, WITH SKETCH.

ABSENCE OF THE HEART AND LUNGS.

By Dr. EMBLETON, Demonstrator of Anatomy in the School of Medicine and Surgery of Newcastle.

WHETHER the woman who bore this monstrosity had a favourable or unfavourable gestation, we do not know. The labour, we are assured, was a laborious one.

The subject is female, and had attained the sixth month of fœtal life, as may be judged from the appearance of those parts which are most developed. Its history, before it was brought to the School of Medicine, is not well known. We found it without placenta or cord in alcohol, in which it had lain for some months; but we are told that putrefaction had commenced before any attempt was made to preserve it.

The external appearances are as follow:—

The external organs of generation are well-formed, and the legs of about the usual size in a fœtus arrived at the above-mentioned age.

The head, neck, and shoulders present one mass of deformity, no lines of demarcation existing between the head and neck above, or between the neck and thorax below. The eye-holes are contracted, sunken, and scarcely visible; the eyes themselves cannot be seen. The nose is a small transverse fold of skin, with two perforations below it representing the nostrils.

The ears are two small semilunar folds just behind the orbits; in front of the folds exists the *meatus auditorius externus*.

The mouth is an irregular transverse rima, with thin and flaccid lips, [M]. The tongue is observable within, also the projections of the gums.

The skin over the whole body is much corrugated, and gives a sensation, when grasped between the fingers and thumb, as if it formed but one structure with the soft parts beneath. These are enormously thickened all over, but particularly so about the upper half of the body.

On the right foot are a great toe and three smaller toes. The little toe and that next it are represented by a tubercle, on which are two nails. The third toe is placed behind or above the second.

The left foot has three toes, the external of which has two rudimentary nails. One toe is, however, entirely wanting.

The hands are fixed on the arms, as it were, at right angles. The right hand has three fingers and a thumb, which resembles a dried currant attached to the hand by a thread. It is quite rudimentary. In this hand are to be felt only three metacarpal bones. The left hand has four fingers and a pediculated thumb, like that on the other hand. This hand has four metacarpal bones.

The appearance of deformity of the fœtus is much increased by two enormous pouches, one on each side, which, on being opened, were found to be in the substance of the individual, containing a sort of sero-purulent fluid, and lined by a smooth tissue, having all the appearance of serous membrane. Each cavity is divided into cells; that on the right side into two by a septum placed vertically; that on the left into three by two horizontal septa. The left cavity extends from the shoulder to the top of the head, and from the ear in front to the median line posteriorly, where it is overlapped a little by the other pouch. The right cavity has a similar situation to the other, but is not so extensive. The septa are formed by the lining membrane.

The internal appearances are the following.

A section of the inferior maxilla exhibits a cellulo-cartilaginous structure, with traces in some parts of osseous deposit. There are distinct dental grooves and prolongations of the mucous membrane of the mouth into them, forming dental sacs.

The tongue has the usual appearance, and is attached to the interior part of a cavity representing the pharynx. At the roof of the mouth is the uvula, and behind it the posterior nares. No openings of the Eustachian tubes can be made out. There is no larynx.

The parietes of the cranial cavity superiorly are made up principally of the same semitegumentary, semimuscular structure, which appears to compose the whole of the fleshy parts of the individual. The frontal, parietal, occipital, and squamish parts of the temporal bones can, notwithstanding, be distinguished, intervals being observed to exist between them. The cerebrum is now a pultaceous mass. On this being washed out, the *dura mater*, with its processes, and the arteries ramifying on it, is seen; the *pia mater* and arachnoid are also distinguishable. The opening of the spinal canal, and the processes of the sphenoid, which, although chiefly cartilaginous, yet present traces of osseous structure, are clearly to be made out. All the nerves that pass through foramina in the sphenoid occupy their usual positions before traversing that bone The carotids can be seen as they enter the skull.

The auricular cavities exist, and the external auditory canal is closed by the *membrana tympana*, connected with which are the bones of the ear.

The orbits seem to be occupied by a membranous structure, in which no trace of the eye-ball can be discerned.

On opening the body from the mouth downwards, the first remarkable circumstance is the absence of the heart, lungs, and larynx; a membranous septum representing the diaphragm, and covered on the abdominal surface by the peritoneum, but without any such covering on the thoracic side, and perforated for the passage of a *vena cava*, an aorta, and the œsophagus, occupied about the usual position. The stomach has the usual form and appearance, though perhaps rather small.

The liver is of a peculiar form, presenting three borders and three angles, and an anterior and posterior surface, which are somewhat convex. The organ is exceedingly small; has no division into lobes, nor does it present a lobulated structure; it lies on the right side of the median line, and to represent the right lobe, it is a completely rudimentary liver. Ducts cannot be found passing from it. There is no gall-bladder whatever.

The intestinal tube is nearly normal, though no difference can be discerned between the structure of great and small intestines; nor is there any demarcation between the superior and lower parts of the canal, except the appearance of a cæcum.

The existence of the pancreas is very doubtful.

The spleen is wanting altogether.

The kidneys [K, K], have about the usual position, but the right one is anormal. It is like a double kidney. A groove placed vertically along its anterior and posterior aspects, points out the division into two. From the groove on the anterior surface come out the ureter and the renal vein, whilst the artery enters the gland by the groove on the posterior aspect. Perhaps one part is the kidney, and the other the renal capsule. On the left side things are in proper position and form. The kidneys do not appear lobulated.

The uterus [U], bladder [B], and rectum [R], have their natural situations. The Fallopian tubes can be distinguished but not the ovaries. The canal of the urachus exists from the bladder to the umbilicus.

The arrangement of the principal arterial and venous trunks will be well understood from the annexed drawing, with references attached by Mr. Glover.—Plate VI. Fig. 3.

The intestines have been partly removed and drawn aside.

It may be observed that there are two vessels, occupying respectively the places of the *vena cava* [V], and the aorta [A], the latter being rather on the left, the former rather on the right side of the spine, and running from one end of the trunk of the body to the other; that each vessel is a continuous uninterrupted tube; and that there is not a vestige of a heart.

The aortic trunk is smaller in diameter than the venous; but its greatest width of size is found to be at that part where it lies between the kidneys. From this to the base of the neck it gradually diminishes in size, and terminates by dividing into two vessels, which represent the carotids. During this course it gives off a number of small branches, (intercostals, &c.), and before its ultimate bifurcation, a branch of some size (subclavian) is given off from each side to the upper extremities.

Where it lies between the kidneys, the calibre of the arterial vessel may be that of a small crow-quill. It here gives off the capsular and renal branches. The right renal passes over the *vena cava*, and enters the posterior groove

of the kidney of that side, also a mesenteric branch. Above these is given off an artery, which seems to go to the left side of the trunk. About the lower border of the kidney is given off the right common iliac vessel; the trunk then inclines towards the left side for about two lines, and then divides into four branches, in order from left to right as follows: one, the largest branch is the left hypogastric; another is the left external iliac; the third the left internal iliac; the fourth dips down into the pelvis towards the rectum.

There is no right hypogastric artery. The cœliac axis was not noticed.

The left hypogastric artery [*h, a,*] inclines downwards and outwards, and reaches the lateral wall of the abdomen, along which it courses forwards, inwards, and upwards to the umbilicus.

The great venous trunk, or *vena cava* [V], is observed to be formed at the top of the thorax, by the junction of two veins, one from each side of the head and neck. After receiving the subclavian branches, which, however, were not very distinctly seen, it proceeds downwards on the right side of the spine, and internal to the right kidney to near the last lumbar vertebra. At the upper margin of the kidney it receives the right renal vein, which leaves the anterior surface of the kidney at the groove, and above the ureter. Below this the left renal and capsular veins enter. At the lower margin of the right kidney a large branch is given off, which takes a direction outwards and downwards. Following the same track on the right side that the hypogastric artery was observed to do on the left, it reaches the umbilicus, and there comes in contact with the hypogastric artery from the left side. This branch represents the umbilical vein, and is much larger than the continuation in direction of the *vena cava*, which is found to be made up of the external and internal iliac veins of the left side. The internal iliac of the right side joins the umbilical soon after this last leaves the lower border of the kidney. The external iliac of the right side mounts up on the posterior aspect of the abdominal muscles, and empties its contents into the umbilical vein a short distance from the umbilicus.

The umbilical cord then is made up of the canal of the urachus, one hypogastric artery, and the umbilical vein; this last, before joining the cord, occupying quite an extraordinary position, that of the right hypogastric artery.

The umbilical vein [U] has no connection with the liver. The venous branches which go to form the *vena portæ* in the natural state here empty themselves into the *vena cava*, without passing through the liver. These two circumstances just mentioned show that the liver is here virtually a nonentity.

The state of the vascular system shows, too, that in the highest animals, the circulation can be for a time carried on without any heart at all.

The muscular structure is exceedingly imperfect, but some fibres of the *quadratus lumborum latissimus dorsi*, and muscles of the spine can be detected, also some of the fibres of the abdominal muscles. The muscles of the extremities were not examined.

In the nervous system no irregularity can be observed. The spinal canal has the usual appearance, and is quite cartilaginous. The cord is covered by its theca, through which the nerves pass in perfect order.

The different joints and bones of the extremities present nothing abnormal, except what has been described.

The sternum and clavicles are present, and the ribs. These last are not attached to the spine, but to a white line on each side, diverging from the spine from above downwards. This white line has the appearance of such a tendon as we find in the course of the abdominal muscles.—*Edin. Med. and Surg. Jour.*

RUPTURE OF THE RECTUS FEMORIS OF BOTH THIGHS.

In the summer of 1838, a gentleman of robust appearance for his age, 73, consulted me for chronic dyspepsia, accompanied with severe cardialgia. Two years previously he had an attack of paralysis, which left the sensibility of the left arm much impaired. He had no power of locomotion except on crutches. There was complete inability of extending the lower extremities, owing to the rupture of the rectus femoris of each thigh; a groove being left above each patella as deep as the breadth of a finger.

In the following autumn, Mr. —— had a severe attack of erysipelas of the face, extending over the scalp. From this attack he recovered with great difficulty; and having visited him with Mr. Culledge, of March, his medical attendant during a long series of years, I am enabled to give the report of that gentleman, communicated to me. About fourteen years ago, when in the act of running, Mr. —— fell down (forwards), and, on attempting to rise, found that he had injured the knee. Mr. Culledge was immediately called in, and found the tendon of the rectus femoris of the right thigh completely ruptured. Under the hope that reunion might be effected, he was placed in as favourable a position as could be for that purpose; but he would not allow it to remain so for one hour, nor could he be prevailed upon to do so. About four years after the above accident, while walking in his stack-yard, Mr. ——'s left foot came suddenly in contact with a piece of wood, and he again fell forward, and with precisely the same consequences to the left limb. From the first accident he was compelled to use crutches; and although he possessed the power of locomotion to a limited degree, yet, upon the slightest flexure of either knee, he could at any time have fallen down without such support. No injury was done to the adjacent parts at either period.

WILLIAM ENGLAND, M.D.

Wisbech, Sep. 18, 1841.

FOREIGN SOCIETIES.

ACADEMY OF SCIENCES, PARIS.

SEPTEMBER 23.

M. MALGAIGNE ON PSEUDO-STRANGULATION OR SIMPLE INFLAMMATION OF HERINA—Strangulation is said to exist whenever a hernia cannot be reduced, and when pain, constipation, vomiting, and hiccup, are present. Should these symptoms progress rapidly, the strangulation is called inflammatory; if slowly, the strangulation is said to be from obstruction *(par engouement)*. In either case, an operation is judged indispensable, so soon as the symptoms have acquired a certain degree of intensity. Boyer says, that we should operate if the symptoms continue to increase; and in old or weakly subjects, he advises us to operate within the first three or four days.

Here we may ask, did Boyer reflect on the true danger of the operation, when he laid down such rules? Assuredly he did, but, with Pott, he thought "that the operation for strangulated hernia presented, of itself, no danger." In order to determine how far this opinion was founded on fact, I have noted all the operations performed during a period of five years, (1836-41) in all the Parisian hospitals, and I find that in 183 cases there occurred no less than 114 deaths. Again, in old people, (from 50 to 80), on whom Boyer would have us operate so promptly, I find that 70 out of 97 died. Obstruction, Boyer informs us, is produced by a collection of hardened fæces in the hernial tumor, and this frequently occurs in old hernia. But we may ask, is this latter a fact? For my own part, I may say, that I have examined more than 3,000 cases of hernia, without observing the circumstance on which Boyer insists. At Bicetre, I have examined two of the most voluminous herniæ on record, one tumor measured 10½ inches in height, and 22 inches in circumference; the other, 8 inches in height, by 23½ in circumference; but in neither was there any trace of fæcal matter. Besides, we can have hard or fæcal matter in the large intestine. Hence, in 95 out of 100 cases, this obstruction, such as it is described in books, is materially impossible; it can only occur when the hernia is formed by the large intestine. As regards the latter case, I can affirm that I have never seen such accumulation of fæcal matter in any autopsy that I have made, and having consulted authors, I find but a single example in which this collection had really taken place.

The cause, then, of this species of strangulation is imaginary; so, I regret to say, are the symptoms which we find detailed in surgical writings. I have myself been misled by the doctrines laid down. I once operated on a case of supposed strangulated hernia from obstruction; there was no obstruction, no strangulation, and my patient died. Similar errors of this kind have been committed by Pott, Dupuytren, and Sir A. Cooper; and were all the cases published, we should have a long list of them. But is their any way of avoiding such errors? It seems to me, that some few rules of a simple nature may be established.

1. There is simple, non-inflammatory strangulation, which produces gangrene in a few hours.

2. We have simple inflammation, which is of frequent occurrence, and generally limited to the serous lining of the hernia.

3. Finally, inflammation of the whole mass of the tumor; this latter circumstance, however, is generally a consequence of one of the former conditions, and may be excited by the stricture, or by frequent attempts to effect reduction.

Obstruction of the intestine is a mere creation of the fancy; it is inflammation of the serous lining of the hernial tumor which has been mistaken for it. This peritonitis is one of the most frequent complications of hernia, and surgeons have probably overlooked it from not having sufficiently studied hernial tumors in their simple state. It may exist under the forms of adhesive or suppurative inflammation; the adhesive is often slight, and indicated by passing colic, or even by symptoms of indigestion, which sometimes go so far as vomiting and hiccup; the tumour is now irreducible, and the taxis will only aggravate all the symptoms; but rest in the horizontal position, and cold topical applications, will often suffice to effect reduction; in more severe cases it may require several days or weeks before the inflammation is sufficiently reduced to allow of the return of the intestine.—When hernial tumors, in this state, are reduced, nothing generally remains, except some thickening and irregularity of surface at the lower part of the sac; should the tumor not be redueed, then adhesions take place.

The suppurative inflammation is infinitely more rare, and can scarcely be discovered, except after operation or death of the patient. How are we to distinguish this inflammation of the peritoneal membrane from true strangulation, and what should our practice be? The following are the results of my experience on these points.

1. In no case of old and voluminous hernia, where bandages have not been employed, or have been left off for a considerable time, do we find real strangulation; the openings are much larger than the neck of the hernial tumor, and strangulation cannot occur. This is the result of all my observations on the living and dead body.

2. In cases of simple epiplocele, inflammation of the peritoneal membrane is what is commonly taken for strangulation; I say *commonly*, for I would not deny that strangulation may occur; I have never seen a case, nor have I found an authentic one in surgical works.

3. Hence, in the two cases just mentioned, the

operation is contra-indicated; the taxis may be tried at the origin or decline of the inflammation, and the treatment should be purely antiphlogistic.

COMPOSITION OF THE ATMOSPHERE.—MM. Dumas and Boussingault, having procured some air from one of the highest mountains of Switzerland, found that 10.000 parts contained 2.297 of oxygen. Some air, collected on the same day, at Paris, contained 2.304 in 10.000.

BRITISH MEDICAL ASSOCIATION.

Exeter Hall, October 5, 1841.

Dr. WEBSTER in the chair.

THE minutes of the last meeting were read and confirmed.

A letter was read from Dr. Fearnley (Dewsbury, Yorkshire), inclosing a copy of a communication made by him to the Poor-law Commissioners, as follows:—

"To the Poor-Law Commissioners.

"Gentlemen,—Upon the subject of the seventh query in the vaccination return, I would respectfully observe that there are some objections to the present system of appointing only one vaccinator to a district. The first is, the complete failure, in a statistical point of view, of the small-pox registry; for instance, in Dewsbury, there are five resident medical practitioners, therefore it can but contain one-fifth of the cases of small-pox medically attended, presuming our practices to be nearly equal. The second is, the total neglect of many cases being vaccinated, where the prejudice of the people exists against having their children vaccinated by others than those who have attended them (a serious obstacle to the *extension* of the practice), thus defeating the two most important objects of the Bill. The third is the wide door which it opens to the defaulter to disturb the harmony which should prevail in the profession (a matter of great importance in medical statistics), by giving him an opportunity of interfering with and going into the very heart of the practices of his professional brethren.

"Before the introduction of the Bill into this neighbourhood, we were in the habit of vaccinating gratuitously the children of those whom we had attended who were not able to pay the usual fee of 7s. 6d. charged to respectable tradespeople and others. The proportion of applicants being two of the former to one of the latter class, we calculated upon receiving, on the average, 2s. 6d. for every case vaccinated; but now the charge, as fixed by the guardians, with your approbation, being 1s. 6d., those who formerly paid the usual fee, who are not willing to send their children to the appointed vaccinator, but choose to employ their own medical attendant, expect only to pay 1s. 6d., provided they send their children to the surgery to have the operation performed. Those medical practitioners, therefore, who are not public vaccinators, are obliged, in self-defence, either to send their poorer private patients, against their inclination, to the public vaccinator, or charge them 1s. 6d. The majority of the latter class do not seem willing to adopt either alternative, and the fear is, that ultimately the feeling of the public with regard to the practice, will, if the present system be pursued, fall into the same state of indifference as formerly, a surmise which is borne out by the fact, that while the weekly average of births in this district is about ten, that of vaccination, as entered in the books, does not amount to three, although since my appointment as a guardian, the office of public vaccinator is held by the senior practitioner in the town.

"Leaving out of the question the very unfair means which some have adopted of going into their neighbour's district to hunt up cases, and the still worse subterfuge adopted by others, of foisting upon the credulous the alarming idea that if they do not actually take their children to them to be vaccinated, they are liable to a month's imprisonment, and other equally dishonourable means, I trust I have adduced sufficient to prove that the most fair, honourable, (and as far as *vaccination extension* is concerned) the most *effective* plan would be to fix the remuneration alike in all places, and make every legally qualified practitioner a vaccinator.

"Such would, in my opinion, at once remedy the foregoing evils, and by removing all obstacles on the part of the people, tend to make the practice of vaccination both well received and general, thereby ensuring, as much as possible, the extermination of the disease, the diminution of human suffering, and consequent saving to the rate-payers; and further, by multiplying the number of returns and reports, materially add to the value of statistical information on that subject. I am, &c. GEORGE FEARNLEY.

"May 24, 1841."

A letter was read from L. Pinching, Esq., of Walthamstow, on medical reform, accompanied with a note from T. Bramston, Esq., M.P. for the southern division of Essex, addressed to L. Pinching, Esq., wherein the honourable member says he "shall have much pleasure in giving his serious and attentive consideration to a measure of wholesome and safe medical reform, whenever the subject shall be brought forward in the House of Commons."

A communication was read from J. H. Nankivell, Esq., of St. Columb, Cornwall, on the subject of medical reform.

The routine business of the Association, preparatory to the anniversary meeting, having been transacted, the meeting adjourned to Tuesday, the 12th inst.

APPEARANCE OF CHOLERA.

To the Editor of the 'Medical Times.'

SIR,—I beg to state that several cases of intense indigenous cholera, during the last two months, have fallen under my observation, in connection with the sick-poor institution in Meath-street.

Two cases of Asiatic cholera have came under my care within the last fortnight; one occurred in the person of a female, who has died; the other in a male, who is still under treatment, and likely to recover.

My colleague, Doctor M'Cormick, of Usher's-island, of the same Institution, has lately had four cases of unequivocal Asiatic cholera, one of his cases terminated fatally. Another of my colleagues at the Meath-street Dispensary, had lately fatal case of indigenous cholera, at 54, Bridgefoot Street, in the person of George White. This man had been in the park at a review on the 22nd of September; he was seized with cholera on the evening of that day, and died on the next, 23rd. The gentleman by whom this case was seen, had ample opportunities, in 1832, of witnessing Asiatic cholera, having been in official charge, at that period, of public cholera hospitals.

Having met Doctor Barker of Baggot-street, the secretary to the general board of health for Ireland, casually, I deemed it my duty to give him the names and residences respectively of the patients.

Should occasion unfortunately arise to require unusual vigilance, the public are perfectly safe in the hands of this energetic and benevolent public officer.

There is no medical man of ordinary perception, who can mistake English for Asiatic cholera; in the latter you have the absence of secretion; the rice-water discharges; the whispering voice; the washerwoman's shrivelled hand; the icy coldness of the tongue, breath, and general surface of the body. You have also the sudden sinking of the vital powers, with the sharpened and aged appearance of the countenance.

I still maintain, namely, that the grand arcanum in the treatment, and ultimate safety of the patient, will mainly rest in early combating the premonitory laxity of bowels, and thereby averting the stage of collapse which I consider to be the second stage of the disease. I adopt sugar of lead injections, with a small portion of the acetate of morphia—say a scruple of the former to a quarter of a grain of the latter, in four ounces of thin starch mucilage; not more, in order to assist the stimulus of distension. I also exhibit calomel and opium by the mouth, with a sinapism at the same time to the scrobiculus cordis.

The adaptation of further remedial measures must depend upon the judgment and experience of the practitioner.

Lest alarm might arise in the public mind from this communication, I am happy to state that I have not for several days past, met with a case approaching to Asiatic cholera, and I do really think that the cases to which I have alluded, might be traceable to improper ingesta, such as drinking sour buttermilk after a meal of herrings. In the year 1832, whilst in medical charge of the Cholera Hospitals in Drogheda and other parts of Ireland, I always observed that an increase in the number of patients took place after drizzling rain, and buttermilk market days.

GORDON JACKSON, M.D.,
University of Edinburgh; Physician to Cork-street Fever Hospital, and Senior Physician to the Sick Poor Institution in Meath-street.

2, Blessington-street, Oct. 4, 1841.

MEETINGS OF SOCIETIES

LONDON MEDICAL SOCIETY.

OBSCURE DISEASE OF THE HEART.

DR. JOHNSON related the case of a young gentleman, who had become gradually emaciated without any obvious cause. He had no fever; his pulse was weak and slow, but his appetite was good.—He was placed under the care of several eminent men, who all of them failed in detecting any kind of disease; and as the emaciation progressed, he was sent to Leamington. Here it was said he would soon get well, but one morning the physician in attendance found, to his surprise, that there was no pulse, he therefore ordered him off to London immediately. He was brought to town in an invalid carriage, and Dr. Johnson saw him. He lived one week. During this time he was examined with the greatest attention, but no trace of disease could be discovered; the pulse was scarcely to be detected, and the heart's action could not be heard. After death, no structure or organ appeared to be diseased, except that they were all much attenuated, till the heart was exposed. On examining this organ the two surfaces of the pericardium were so adherent, that they could not be separated with a scalpel. The heart itself was not larger than a goose's egg, while the parietes of the left ventricle were an inch and a half in thickness. The cavities of the organ, instead of being able to contain twelve drachms of fluid, would barely hold three drachms.

This was an instance of inflammation having produced its destructive effects before its presence was detected. Death resulted from the gradual diminution of the quantity of blood, and the inability of the heart to do its office.

STRAMONIUM IN GASTRODYNIA.

DR. THEOPHILUS THOMPSON stated that Mr. Trustem, of Tonbridge Wells, had succeeded in removing gastrodynia in a great number of cases, by five-minim doses of tincture of stramonium given three times a day.

ENGLISH CHOLERA.

THE PRESIDENT had lately seen some cases of the ordinary cholera of this country of so severe a kind as to simulate the Asiatic cholera. He had not seen any case in which death ensued; but the cold skin and extremities, the almost imperceptible pulse, and the severe cramps of the legs, were such as he had seldom seen, except in the malignant form of the disease.

October 4, 1841.

THE society was occupied this evening with a discussion on Dr. Clutterbuck's paper. Several mem-

bers spoke on the subject, but the discussion, although interesting to those present, could not be made available for a report.

WESTERN MEDICAL SOCIETY.—The last Meeting of the Western Medical Society (for the Session of 1841) was held in Bandon on Wednesday, the 22d inst.—Dr. CORBETT, of Innishannon in the Chair—when a resolution, proposed by Dr. Wood, of Bandon, and seconded by Dr. Cleburne, of the Ovens, was unanimously adopted. It was to the effect—That, deeply impressed with the necessity of a full legislative reform in the medical profession, and of a radical change in the present system of medical education, they continue determined, by every means in their power, to further the exertions of the Medical Association of Ireland, and they pledge themselves to use every effort to remove the disadvantages under which they labour as a profession, whether arising in courts of justice, at coroners' inquests, or from the system of relief established by law for the poor of this kingdom.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

NAVAL.

Surgeons.—William Kent to the Aigle, R. Birtwhistle to the Volage, Charles K. Nutt to the Harlequin, James Lambert to the Serpent, William Roy to the Siren, David G. Miller to the Styx, Richard Douglas to the Thalia, John Naulty to the Vixen, A. Donahoe to the Dido.

Assistant-Surgeons.—T. H. Graham to the Aigle, John Simpson to the Dido, — Bower to the Lynx, R. A. Godson to the Serpent.

MILITARY.

1st regiment of Dragoon Guards, assistant surgeon W. Ord Maekenzie, M.D., from staff, to be regimental surgeon vice Smith, promoted on the staff.—16th regiment of Light Dragoons, assistant surgeon Henry Pillean from 63d foot, to be —— vice Chapman, promoted in 63d foot.—30th regiment of Foot, assistant surgeon Augustus Purefoy Loekwood from staff, to be —— vice Edmonton, promoted on the staff.—60th regiment of Foot, assistant surgeon Thomas Covan, M.D., from the staff, to be —— vice Fergusson, promoted on staff.—63d regiment of Foot, assistant surgeon John Strange Chapman from 16th Light Dragoons, to be surgeon vice Watson, appointed to the staff; John Edward Stephen, M.D., to be assistant surgeon vice Pillean, appointed to 16th Light Dragoons.—85th regiment of Foot, assistant surgeon Thomas d'Arcey from the staff, to be —— vice Humphrey, promoted on the staff.—86th regiment of Foot, assistant surgeon Charles Stewart from the staff, to be —— vice Strath, promoted on staff; James Coghlan, gent., to be assistant surgeon.—99th regiment of Foot, assistant surgeon George Thomas Galbraith, M.D., from staff, to be assistant surgeon.—Hospital staff, Cosmo Gordon Logie, M.D., to be assistant surgeon to the forces vice Fraser, appointed to the Rifle Brigade.

The Board of Guardians of Bandon Union, Ireland, have appointed a Physician and a Dispenser of Medicine, The respective salaries were fixed at £45 for the Physician, and £15 for the Dispenser. —*Dublin Medical Press.*

YELLOW FEVER.—The journals arrived from New Orleans, and bearing date August 20, announce that the yellow fever was making alarming progress in that city. During the last twenty-four hours four deaths had occurred; in the Faubourg Lafayette ten deaths had taken place within twenty-four hours.—*French Paper.*

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THE MAGNET'S DIRECTIVE TENDENCY.

By JOHN SCOFFERN, Professor of Chemistry at the Aldersgate School of Medicine.

ONE of the many problems which natural philosophy long offered for solution in vain, was that of the magnet's directive tendency; a question, which, since late discoveries in electricity, admits of a very rational answer.

From conversations which we have frequently had with non-scientific individuals, it would appear that the beautiful inductions of M. Ampère, in elucidation of this once intricate question, are far from generally known, yet his theory of magnetism involves nothing that is abstruse or repulsive.

Before entering upon the explanation of this phenomenon, however, we must premise, that although the magnet's attractive power was known to the ancient Greeks and Romans, yet its directive tendency was a discovery of more recent ages; a remark which will be best appreciated after casting a glance at a few historical details connected with this subject.

The word magnet is said to be derived from Magnes, a Greek shepherd, who observed, as he tended his flocks on Mount Ida, the attractive power exerted by a loadstone or natural magnet upon the iron of his crook. The most probable idea, however, is that it derived its name from Magnesia, a town in Lydia, where it was first discovered; an idea strengthened by the fact, that the magnet was often called by the ancients *Lapis Heracleus*, from Heraclea, the capital of Magnesia.

We find distinct allusion made to the magnet's attractive power by Homer, Pythagoras, Aristotle, and Pliny. The latter mentions a chain of rings suspended from one another, the first being upheld by a loadstone; and he adds, that Dinocrates proposed to Ptolemy Philadelphus, to build at Alexandria a temple, the vault of which covered by loadstones should suspend in the air an iron statue of Queen Arsinoë. We learn from this passage that not only was Pliny aware of the magnet's attractive power, but that the latter might be imparted to other bodies; we have not, however, the least mention by this author of the magnet's directive tendency.

This property, so curious in itself, and so deeply interesting as a means of traversing boundless oceans in any wished-for course, was discovered in the dark ages by those Danish and Norwegian pirates, whose predatory excursions were so frequent and so terrible; such, at least, would seem to be the impartial testimony of history, for although Duhalde and others attribute this honour to the Chinese so early as 1000 years before Christ, yet to us it appears that such accounts are little else than fabulous.

The first authentic description of the magnet's directive property is found in Danish, Norwegian, and Icelandic writings of the 11th century. *Are Frode*, an Icelandic historian, born A.D. 1068, and who wrote the history of the discovery of Iceland about the end of the eleventh century, mentions in the most unequivocal manner that the magnet's directive power was known in his day. He states that *Floke Vilgerderson*, a renowned *viking* or pirate, departed from *Rogoland*, in Norway, to seek *Gerdersholm*, or Iceland, sometime in the year 868. He carried with him three ravens as guides, and to consecrate them for this purpose, he offered up a sacrifice to Smörsund, where his ship lay, "*for in those times*," says Frode, "*seamen had no loadstone.*"

It would appear that when the magnet was first used for nautical purposes, free motion was secured to it by suspension from a string, the card and pivot forming a part of the modern mariner's compass being first introduced by the Neapolitans. Such, then, is a slight historical account of the magnet; let us now proceed to answer the question—*why, when freely suspended, it always turns north and south?*

It may be as well to inform those who do not happen to be very conversant with natural philosophy, that a most intimate and extraordinary connection has long been observed between the imponderable agents—light, heat, electricity, and magnetism, especially the two latter. On this fact our explanation rests. Almost every person is aware that the opposite poles of two magnets are mutually attractive, *i.e.*, that the north pole of one attracts the south pole of another, and vice versa; therefore, if we can prove the earth to be a large magnet with poles in any given direction, it follows as a matter of course that all *other* magnets on the earth's surface must be affected with one and the same force; consequently, they must all turn in one and the same direction. This is actually the fact, and the chief part of our future explanations will be for the purpose of demonstrating the reason *why our globe is a magnet.*

The Danish philosopher, Oersted, made the curious discovery that an electric current passing in any direction caused a magnet freely suspended in its vicinity to assume a position at right angles to the former, or, in other words, directly across. The reason of this was soon made evident, inasmuch as conducting bodies during their transmission of electricity were found to be actual magnets, with poles at right angles to their lengths. These remarks may be very easily understood by supposing a current of electricity to traverse our bodies in the direction of head to foot; then the right-hand will become one magnetic pole, and the left-hand another; consequently a magnetic needle suspended in front of such a conductor, would be influenced by the common law of each pole attracting its opposite, and the needle would place itself at right angles to, or directly across, the influencing electrical conductor.

It is evident, then, that if we can prove a current of electricity to circulate around the earth in the direction of east and west, a magnetic influence must be set up at right angles; that is to say, in the direction of north and south. Now, it has been demonstrated by Professor Saebeck, and others, that the progressive heating of bodies is accompanied by a flow of electricity in the same direction. Consequently, as the earth is heated in the direction of east and west, a current of electricity flows in the same course, and a magnetic influence must consequently exist in the direction of north and south; hence, since the earth itself is a magnet with poles in given directions, all magnets on the surface of the earth turn north and south in obedience to the common law of opposite poles attracting each other; and having arrived thus far in our subject, we find the terms north and south likely to promote confusion; for it is evident that the pole of a magnet called by us *north*, because it points towards the northern part of our globe, is attracted there by a contrary influence which, if observed in a second traversing magnet, we shall denominate south. The fact is, that the terms in question were introduced long before the supposition was entertained of our globe being an enormous magnet.

It would appear from a consideration of these facts, that every electrical conductor must be capable of acquiring magnetism; such, indeed, is the case, although common opinion attributes this property exclusively to the metal iron and its modification steel, bodies which, although they are strangely susceptible of *retaining* magnetic influence, do not *acquire* it more readily than other equally good conductors.

For this beautiful theory of terrestrial magnetism, we are indebted to M. Ampère, who has thus successfully applied his electro-magnetical knowledge to afford a rational explanation of one of the most abstruse problems in nature.

THE PHILOSOPHY OF MEDICINE.

Translated from the French of Dr. Bouillaud, Professor of Clinical Medicine to the Faculty of Paris.

CHAPTER I.—ON THE CAUSES OF DISEASES.

THOSE who have admitted spontaneous diseases, have, we must say, committed a great absurdity. For what can be more foolish, than to admit an effect without a cause. The exercise of the spirit of *causality* in medicine, I am convinced of it, often leads into error; but, because we do not comprehend the cause of a disease, to conclude that the malady is spontaneous, would be, I say again, a flagrant absurdity. It is evident, says Laplace, that a thing cannot exist without a cause to produce it. This axiom, known under the name of a sufficient cause, extends to all things. The causes presiding over the developement of the various diseases, are as constant in their effects, as those which govern the most simple physical phenomena. But as many causes may be combined to produce one and the same morbid effect; as the conditions upon which they may act are infinitely variable; and as the perfect understanding of these causes and conditions is exceedingly difficult, and often even impossible; it follows that etiological facts or phenomena are not liable to laws as precise as most phenomena of common physics; and that if we wished to subject them to a calculation, it would only be necessary, in general, to make use of the calculation of probabilities. The appearance of diseases, under the influence of this or that cause, is, I acknowledge, regulated in a manner as formal, I had almost said as fatal, as the succession of the seasons. But again, we are often in want of clear and precise data upon the causes of some diseases, and in this case, the probability is referrible partly to our ignorance and partly to our knowledge of the causes which are in operation.

That which we know positively is, that such are the relations of cause and effect which exist between certain outward conditions (whether atmospheric or other), and certain diseases, that great observers, like Hippocrates, Sydenham, Stoll, and others, have taught us to foresee these last to a certain extent.*

If I insist somewhat on these principles, it is because now-a-days we see men, who exercise a great influence upon medical education, profess that the causes of the most common diseases are altogether unknown to us, and even give these affections the name of spontaneous. But let us pass to questions of a less general character.

The various causes of diseases ought to be sought, not only in the modifications of the numerous physical agents, which surround us on all sides, but also in certain moral circumstances, that is to say, in all things which belong to Hygiene.

It is evident, that to arrive at a certain knowledge of morbid causes, external or physical, we must as much as possible recur to the mode and means of observation employed in the rigorous sciences. Thus, for example, to appreciate the influence of atmospheric air in the production of disease, we cannot, now-a-days, overlook the use of the barometer, the hydrometer, the thermometer, the endiometer, the electrometer, and the rest. Unfortunately the principles of physics and of chemistry are not sufficiently certain, and perhaps never will be, as to enable us to seize all the mor-

* In this point of view, medicine resembles the most rigorous sciences, in which we are enabled to judge actual occurrences, by those which have past; and of the future, by those which are present. In mechanics, in geometry, and some other subjects of knowledge, the human mind, says Laplace, has succeeded in classifying known phenomena under general laws, and foreseeing those which certain given circumstances ought to produce.

bific causes, of which the atmosphere may be the medium, such as variola, of rubeola, of cholera, &c.* We may say, that in these cases, the human body itself is an instrument more delicate, more sensible, than any instrument of art; since the diseases, which it experiences, attest but too clearly, the presence of circumstances which conceal themselves from physico-chemical experiments.

The understanding of the causes of disease, like all other knowledge, grows perfect, moreover, from time to time. Here is a remarkable example of this kind of progress. At the period when Corvisart published his 'Essay on Diseases of the Heart,' he knew not the influence of certain atmospheric conditions upon those affections, whilst nothing is now better shown than that influence. "The heart," he says, "in the region which it occupies, is protected from every impression and every immediate modification on the part of the air and its rude and variable temperatures. One may affirm, in general, that it is not sensibly modified by its action, nor can contract from it any malady." Now, numerous observations have enabled me to affirm, on the contrary, "that the heart is not, unfortunately, protected from the variable and rude temperatures of the weather—that it is very sensibly affected by it, and does contract from it very serious maladies." Thus, there is nothing more common than to see pericarditis and endocarditis develope themselves under the same atmospheric vicissitudes, which give birth to acute articular rheumatism, or to pleurisy. The knowledge of this important etiological fact has been prolific in results, which it is needless to repeat here.

It follows from some of these preceding reflections, that the study of medical principles wants precision in many respects; but we must not believe that the ignorance in which we remain, of the essential and immediate principle of certain diseases, always hinders us from experimentally discovering the exterior conditions necessary to their developement, and therefore removes from us the means of preventing them. Undoubtedly not. Thus, for example, we do not understand the fundamental principle of typhus, but we well know that the herding or congregating together of a great mass of people in a small space, that the use of putrid food, &c., are conditions which give birth to this principle, and that consequently, to preserve oneself from the disease of which we speak, it is necessary to remove ourselves from the influence of the above-mentioned circumstances. We do not understand the hydrophobic virus, but we know perfectly that the saliva is its reservoir, that it is absorbed with it, and that we can prevent its effects by cauterisation practised in reasonable time, &c. &c.

When the morbific modifications, whatever they may be, act upon one individual, or some individuals only, we give the name of sporadic to the diseases engendered by them. When they act upon a large mass of individuals, we call the diseases induced, epidemic. These again are contagious and non-contagious.†

Sydenham divides diseases into stationary and intermittent, according as the causes which produce them are durable and lasting, or transitory and accidental. This distinction regards more particularly diseases produced by atmospheric conditions, whether appreciable, whether secret or latent.

The various morbid causes are not all as frequent, the one as the other. What would become of mankind if the causes of the plague, of cholera, &c., were as frequent as those of a multitude of other diseases? Among the most common causes of disease, we must class intemperatures and changes of the weather, as well as vices of regimen. Hippocrates and Sydenham, two of the greatest observers whom medicine possesses, have already called attention to the truly immense influence that certain atmospheric conditions exercise on the production of acute diseases. According to Hippocrates, the severe changes in the temperature of the atmosphere are the principal causes of disease. "Mutationes anni temporum maximè pariunt morbos; et in ipsis temporibus, mutationes magnæ, tum frigoris, tum caloris." Sydenham affirms, that the atmospherical vicissitudes cause more persons to perish than the plague, war and famine. Here are his words:—"Ut enim jam mittamus contagium, quod quidem non nunquam febrium stationarium aliquibus ansam exporrigit, et crapulam taecamus, quâ matre proseminantur tùm istæ febres, tùm intercurrentes; causa evidens externa febrium quam plurimarum indè petenda est, quod quis scilicet vel præmaturius vestes abjecerit; vel ab exercitio incalescens se frigori incautius abjecerit . . . et sanc existimo plures modo jam designato, quàm peste, gladio, atque fame simul omnibus perire. Etenim si quis ægrum medicus de morbi primâ occasione paulò minutiùs interrogaverit, modò ex acutorum istorum morborum numero sit quos suprà tractavimus; audiet quasi semper vel cum vestem aliquam temere deposuisse, cui pridem assueverat; vel corpus motu excalefactum subito frigori permisisse atque ex alterutrâ harum προφασει *incidisse* in morbum. Quam ob causa fammiliares meos semper mones, ut nullo alio anni tempore quicquam vestium, quibus assuevèrc, sibi detrahant, nisc mense uno ante solstitium æstivum; nec minori cum studio eosdem hortor, ut ab exercitio calescente, frigus sedulo evitent."—(Sydenham. sectio sexta; febres intercurrentes.)

It is true that some modern observers maintain that these diseases, which Hippocrates, Sydenham, Stoll, and others, attribute to great alternations of heat and cold, develope themselves, on the contrary, without known causes. Whence comes this difference of opinion on one matter I know not. But that which I fear not to assert, is, that it would have been most unfortunate in matters of etiological observation, not to have known all the truth of the maxims of Hippocrates and Sydenham, upon the influence of atmospheric vicissitudes in the production of disease. There is not a day, when, for my part, I do not observe cases which confirm this doctrine.

The causes of which we now come to treat, are those commonly designated under the name of determinate or occasional. There is another kind of causes, to which we give the name of predisposing causes, or predispositions. To this last class of causes belong temperament, constitution, sex, age, hereditary predisposition, &c.‡ Predisposition to disease constitutes less a cause, properly speaking, than a condition apt to favour the action of determinate causes, once called into activity.

Whatever it may be, predisposition ought to be taken into the most serious consideration. It is moreover susceptible of a multitude of gradations. When it is well marked, it requires but a slight action of some determinate cause, to give rise to disease. It is thus, for instance, that among certain subjects, eminently predisposed to pulmonary tubercles, the influence of cold and humidity, in a most feeble degree, will suffice to produce this deplorable disease. In cases of this kind, one should, to a certain point, consider the disease as a product of which predisposition and determinate causes are the originators. Now it is evident that, when the one of these causes is very strong, the disease will present itself, though the second cause will be very feeble. But we must not think, with some pretended observers, that predisposition alone suffices for the production of disease; and that, on the other hand, without this predisposition, determinate causes would not have happened, just as if they had no existence. There is there a double error, the appreciation of which must be left to good sense.

To appreciate the influence of physical agents in the production of disease, is not a matter of common importance. In fact, those who forget this influence, do not fail generally to suppose, or invent other causes; and hence these *virus*, these *vices*, these *principes*, whether rheumatic, gouty, scrofulous, and the rest; the existence of which is as chimerical as that of those astral and divine influences discovered by Paracelsus. It is indeed time to banish irrevocably from the empire of medicine those fabulous beliefs, and those gross superstitions. We must proceed, in one word, in the study of etiology with that severity and that exactitude of observation, of which Mr. Edwards has given proof in his excellent work, entitled 'The Influence of Physical Agents on Life.'

The Pathogenic agents are so numerous and so varied among themselves, that the sooner we endeavour to classify them the better; for hitherto we have no classification of this kind which is completely satisfactory. To accomplish this task, we ought to understand well the nature and mode of action of the various Pathogenic causes. Some physical and mechanical agents are the only ones of which the mode of action has been analyzed.§ We possess but insufficient data upon the action of most chemical agents; we absolutely know nothing of the nature of the moral agents, properly so called, no more than upon that class of specific causes, which produce plague, cholera, variola, &c. On another occasion, we shall return to this article, for we have yet to examine the nature of diseases.

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* It is not in the air alone that there sometimes reside the principles of diseases, undiscernible by physical or chemical means; they also reside in certain solid or liquid agents. How does their aid, for instance, teach us the mode in which hydrophobia acts on the elements of the saliva, so as to communicate itself! how the mode, whereby the virulent principle of syphilis acts, so as to give rise to certain affections!

† The communication of diseases by means of contagion, is susceptible of different modes, of which one is called infection. What signify, then, the animated disputes which have been lately raised about contagion and infection! In his fine report on yellow fever, Dupuytren has well said, "The mode of contagion varies according to the nature of the contagious principles. Thus hydrophobia and syphilis are communicated by inoculation, and not by miasms. Scarlatina and measles by miasms or effluvia, and not by inoculation. Variola by miasm, contact, and inoculation." It is to the communication or transmission of a disease by effluvia or miasm, that the name of infection is given. There is then between contagion and infection a difference of kind and species, and that is all.

‡ Hereditary predisposition is confined again to temperament and to constitution. It is clear, in fact, that one does not inherit, strictly speaking, a disease perfectly formed, but much of the organisation predisposing to it.

§ It is necessary that this subject should be well examined. Thus, for instance, we scarcely know anything precise upon the character that electricity possesses, considered as a cause of disease.

CURE OF CONSUMPTION BY FRICTIONS WITH OLEUM ANIMALE FOETIDUM.

By ULRIC PALMEDO, M.D., of Berlin.

THE author states that he was much struck with the account given by an English writer of the cure of consumption by inhalations, but that his expectations, as to its efficacy, were doomed to disappointment. After prescribing their continued use for the course of several months, he found no material improvement effected; on the contrary, in several cases, some of the symptoms, especially the cough, were considerably aggravated. Still, allowing that in these instances, the advanced stage of the disease, defects in the application of the remedy, or other causes may have operated against its success; he thinks that this remedial agent is insufficient for its professed objects, viz., increasing the vigour of inspiration, and by expanding the air-cells, so compressing together and healing the diseased portions of the lung. But while he acknowledges the truth of this theory, evidenced by epileptic or asthmatic persons, whose lungs are constantly being expanded, not being subject to consumption, he insists, that the excitement occasioned by these mechanical means, really aggravates the evil. The combination of tar, creosote, &c., with the steam to be inhaled, merely increasing the irritation of the air-passages, without producing any corresponding good effect.

The author's attention was first directed to the remedy under notice, by being called in to a patient, the subject of confirmed phthisis, in its third stage; he found him labouring under hectic fever, colliquative sweats, and constant cough, accompanied by copious expectoration of phthisical sputa, &c. By auscultation, a large cavity was discovered in the upper part of the right lung, and smaller ones, as also softened tubercles in the left. It happened that the patient's wife was affected with a psoriasis which had spread over her whole body. She inhabited the same small room, luckily exposed to the southern aspect. Remembering the peculiar effects of the fœtid animal oil on the respiration, I immediately resolved to make trial of this oil, which I had always found peculiarly efficient for the cure of the above-named form of eruption; and I proposed to the woman to submit to a treatment of this nature, whilst I, at the same time, wished to observe the effects of this

remedy on her consumptive husband. My proposal being accepted, after a previous scarification I immediately prepared for the cure of the psoriasis, which, in fact, completely succeeded. At the commencement, however, and long before I made progress in this cure, I was obliged to discontinue this treatment, because the phthisical husband, bedridden in the same confined apartment, could no longer bear the extremely penetrating odour. The smell was, in fact, so offensive, that not only the house of the patient, but likewise the opposite one was infected; in short, the patient could not respire without the greatest effort, and, with his mouth wide open, he appeared continually gasping for breath. The greatest effort was exerted in his respiration, he sat upright in bed gasping for breath, and the muscles of his neck were in continued and convulsive action, but his consumptive symptoms rapidly disappeared: as the asthmatic paroxysm was increased, so did the cough, the hectic fever, &c., decline, and in a few weeks no traces of them remained. His asthmatic state gradually gave way to proper treatment, and he was soon able to return to his usual occupations. In other cases, this remedy, according to our author, proved equally efficacious; the phthisical symptoms rapidly yielded; although the frictions were on one or two occasions obliged to be suspended for a short time, owing to the appearance of a vesicular eruption, accompanied with intolerable itching.

NAVAL ASSISTANT-SURGEONS.

In a recent number, we inserted an order from the Commander-in-Chief of the Army, directing that, in consequence of her Majesty having been graciously pleased to order that naval assistant-surgeons should take rank with the subaltern officers of the army, those officers should in future be saluted by the troops according to that rank. We were much gratified at this: it was manifestly a great injustice to the naval medical corps that any difference in grade should exist between them and the army medical men. Dr. Healy, of Ennis, has repeatedly brought the condition of the naval assistant-surgeons before the public, through the medium of our pages and those of the *United Service Journal*. The September number of the latter periodical contains a letter from him, of which, considering it in reference to the order which, soon after its appearance, emanated from the Horse Guards, we would be almost inclined to say, "*post hoc ego propter hoc.*" The following is the letter to which we refer:—

To the Editor of the 'United Service Journal.'

Mr. Editor,—Having seen in a recent number of the *Sun*, an account of an interview between Sir Charles Napier and a deputation of medical reformers, in which, amongst other grievances affecting our profession, the condition of the naval assistant-surgeon was adverted to, and Sir Charles having been reported to have said that it was his opinion "that naval assistant-surgeons ought to have a private cabin to themselves, to read and pursue the study of their profession;" and having also been reported to have said, apparently in reply to a question from one of the deputation, that "the mess in the gun-room was as comfortable as that in the ward-room, and less expensive, particularly since the mates had an increase of rank," I addressed a few lines to the Editor of the *Sun* (and he was kind enough to give my observations a place in his paper) on the subject; but, Sir, I would, with your permission, avail myself of your pages as the more legitimate channel through which to bring forward any grievances, officers of either service may have to complain of—indeed I would, in the first instance, have addressed my observations to you; but they were, in point of fact, intended to catch the notice of the gentlemen who formed the deputation, and as an account of it appeared in the *Sun*, (no doubt, furnished by the deputation,) I thought any remarks on the subject would be more likely to catch their attention by appearing in the same paper, than in any other publication.

I would, then, through the columns of the *United Service Journal*, very respectfully remind the gallant member for Marylebone, that three-fourths of the assistant-surgeons now afloat have no "gun-room" in their ships; that in all ships, from "liners" downwards, the "midshipmen's berth" is their messing place.

I would also say, that it is not alone the want of comfort existing in their mess-place, and in their style and mode of living, that makes the naval service so distasteful to the medical man; though I have no hesitation in saying that, if no other cause but this existed, it would be amply sufficient to disgust with the service any medical man who had been brought up like a gentleman. Certain I am that the servants in my father's kitchen fared better and lived more comfortably than I did in the midshipmen's berth of a sea-going ship. It is the feeling which a medical man in the navy cannot avoid having, that in his person the noblest of professions — that profession which has done more good to the human race than all the others combined—is degraded and humiliated by the position and the grade assigned him in the service—the feeling that had he, on entering the public service, donned a red coat instead of a blue—that had he on his buttons the number of a regiment in place of an anchor and a serpent, he would be occupying a position befitting his calling, and one not disentitling him to his self-esteem.

I shall, in illustration of the different positions occupied by the military and naval assistant-surgeons, call the attention of your readers to the death of the assistant-surgeon of the 37th depôt, which took place in the garrison of Limerick some months ago. This gentleman was buried with military honours; a firing party, commanded by a lieutenant (the corresponding rank of the deceased) accompanied his remains to the grave; every officer of his depôt attended his funeral; many other officers of the garrison attended; and the general commanding the district, Sir Wm. M'Bean, walked in the procession.

Think you, Sir, would a flag-officer condescend to follow to their last resting-place the remains of a naval assistant-surgeon? Oh, no; that would be a degradation not for one moment to be thought of!

During my service in the Thracian corvette, at Jamaica, I witnessed the deaths, in rapid succession to each other, of two assistant-surgeons who were attached to the naval hospital at Port Royal —Messrs. M'Millan and Hood. I attended the funerals of both; in both

"Not a drum was heard, nor a funeral note;"

In both

"Not a MARINE discharged his farewell shot."

No, Sir, these gentlemen were consigned to the land-crabs of the palisadoes, without any honours whatever having been paid to their remains, not a single "commissioned" naval-officer attending either funeral; and why, Sir, should this be so? why should the military-assistant dying in his barrack-room, in Limerick garrison, be buried with all the

"Pomp, pride, and circumstance of glorious war,"

whilst the naval-assistant, cut off by the yellow fever of Jamaica, is committed to the earth with as little ceremony as if he were a dog? Why, Sir, should the second lieutenant of marines occupy a position on board ship, which is denied the assistant-surgeon? The former boy-officer could certainly not show any pretensions to the position assigned which the assistant-surgeon does not possess, whilst the latter must ex *necessitate* possess an education not at all required of the former, at least until the recent regulation regarding marine cadet-ships came into operation.

Believe me, Sir, the great mass of the medical profession will never be satisfied till naval-assistant surgeons are placed in every respect on a footing of equality with their military brethren.

I have the honour to be, Sir, your very obedient servant,

MICHAEL HEALY, M.D.

Ennis, Ireland, August 12, 1841.

CASE OF PERFECT ANKYLOSIS OF THE FIVE SUPERIOR CERVICAL VERTEBRÆ.

By STEPHEN S. STANLEY, M.R.C.S.L., and Assistant Surgeon of the Royal Hospital, Haslar.

HISTORY of the case sent with the patient, with the subsequent symptoms and treatment pursued by Dr. Mortimer, the senior surgeon under whose care he was placed.

George Weldon, aged 37, seaman, lost his footing yesterday evening, the 20th of July, 1838, about nine o'clock, and fell backwards on his head on the deck. I found him immediately afterwards complaining of a severe pain in the back part of his neck and between the shoulders, and of pain and numbness in the arms. His face was pale, and his pulse weak. Five grains of *Carb. Ammoniæ* in an ounce of camphor mixture were administered, after which he rallied. He is worse this morning, complaining of numbness, not only in the arms but also in the legs; of the pain in the back part of the neck being more severe, and of inability to turn or move in any direction. As the ship is in dock, it is thought advisable to send him to Haslar Hospital for the benefit of hospital treatment. Signed, JAMES M. DEAS, Assistant Surgeon, H.M.S. Pique.—July 21st, 1838.

Admitted into the Haslar Royal Naval Hospital, on the 21st of July, 1838, at eleven, A.M., in a state of perfect consciousness, without wound, or external appearance of bruise. Both arms are commencingly paralytic, the left the most so. The accident occurred yesterday evening, since which he has not passed urine, nor have the bowels been opened; the pulse is slow, weak, and oppressed; pupils unaffected; nor does he refer to any complaint, save about the muscles of the neck and shoulders.

His breathing is undisturbed. The catheter was introduced; a draught of infusion of senna was immediately given, and an enema was administered. Evening, a free evacuation from the bowels had taken place; but the pulse was quick and sharp. The enema was repeated; and twenty ounces of blood were drawn from the arm.

22d July. Respiration is hurried; the pulse is weak; there are continual attempts to expectorate a frothy mucus, but the attempt is ineffectual; was most anxious to inhale air; he desired to be raised higher in bed; this is accomplished with facility by the rude yet excellent apparatus of Borthwick.

The enema was repeated; the urine was withdrawn by catheter; and six grains of calomel and one scruple of jalap were given in the form of bolus.

Noon. He is easier, he breathes more uninterruptedly, but the pulse flags. Evening, respiration laborious; death is approaching. Died at half-past four o'clock on the morning of the 23d, exactly fifty-five hours and a half after the accident, and forty-one hours and a half after his admission into this hospital.

Post mortem.—On the posterior surface of the body, extending from the occiput to as far as the sixth or seventh dorsal vertebra, there was considerable ecchymosis; and in making a section of the integuments and subcutaneous cellular tissue, a quantity of blood was found effused into its texture. In prosecuting the dissection further, especially in a space reaching from the first cervical to the second dorsal vertebra, coagulated blood in great quantity was found surrounding the muscular fibres, a number of which were ruptured and softened. These being sponged away, a little more careful dissection exposed to view a considerable displacement backwards, of the fifth from the sixth cervical vertebra. All the blood was sponged and cleared away, and as much of the soft parts

removed as was possible, for the purpose of ascertaining the exact position of the dislocated vertebra. It was then found that the little finger could easily be passed underneath it, into the spinal canal; and that the body of the fifth pressed severely on the spinal chord, and rested on the laminæ and spinous process of the sixth cervical vertebra. The spinal column was now removed (sawing through the angles of the ribs) at the seventh dorsal vertebra. It was then ascertained beyond all doubt, that the injury was a complete dislocation without fracture. The ligaments and intervertebral substance were all ruptured; and when suspended from above, the parts were held together by the vertebral arteries and spinal marrow, with its theca alone, the *theca vertebralis* being uninjured.

Head.—The cranium was thick and very heavy; the thinnest part measuring two lines and a half, and the thickest five lines and a half. The great longitudinal sinus was gorged with blood, and so large as to admit with ease the fore-finger. The medullary substance of the brain was soft and very vascular. When the section of the *centrum magnum ovale* was made, it was found studded with spots of red blood. No other abnormal appearance was observed until an attempt was made to remove it, when it was found impossible to pass a knife through the *foramen magnum*, to make a section of the *medulla oblongata*. The brain was, however, removed, and it was then ascertained that the *foramen magnum* was so much contracted, as scarcely to admit the point of the little-finger.

On closer inspection, and after dissecting off the *dura mater* in this situation, the constriction was evidently produced by the odontoid process of the axis being much larger than natural, and projecting in a conspicuous manner upwards towards the base of the brain, and backwards on the *medulla oblongata*, which, from the little that was attached to the *pons Varolii*, appeared small and nearly flat. By applying the saw at the posterior margin of the *foramen magnum* and carrying it obliquely forwards and upwards, a section of the base of the cranium was now made for the purpose of ascertaining the exact condition of the odontoid process, and the beautifully arranged ligaments in this situation. The section being completed and a little dissection made, it was ascertained that the whole of the cervical vertebræ, from the atlas down to the seat of dislocation, were completely ankylosed. Not the least vestige of ligamentous structure could be observed, with the exception of the capsular and occipito-atlantal ligaments, forming the articulation between the occiput and atlas; and of these, the capsular ligaments and synovial membranes, when cut into, were found to be so much thickened and altered in structure as more to resemble cartilage than ligament, and calculated to impede seriously, if not altogether, the nodding actions of the head, and slight lateral motion, which this articulation permits. No trace could be found whatever of the *apparatus ligamentosus*, and lateral ligaments, connecting the occiput with the atlas; neither was there anything remaining in the form of the ligaments which complete the articulation between the atlas and axis; but nature, ever bountiful, had formed a beautiful provision for the absence of the transverse ligament by an isthmus of bone, extending from the anterior aspect of the odontoid process to the posterior concave surface of the anterior arch of the atlas, thus, in most respects, answering every purpose for which the transverse ligament is known, although placed in a situation diametrically opposite.

After the usual process of maceration the bones appeared white, and exceedingly compact in their tissue, and, with the exception of their anchylosed condition, are perfectly normal; their form in every respect not appearing to differ from the general characters by which these vertebra are known.

The most remarkable feature in the whole preparation, and evidently the result of a former dislocation forwards, is the position of the atlas; which, on the right side especially, is pushed forwards and upwards from off the articulating surface of the axis, so as to cause the odontoid process to present itself nearly in the centre of the circle of the atlas. A bridge of bone exactly half-an-inch in length, and varying from three to four lines in breadth, passes nearly horizontally forwards, from the odontoid process to the atlas, as described above, and connects them together. The axis is also pushed forwards in the same manner from the third cervical vertebra, but not to so great an extent, giving the entire preparation a twisted appearance to the left side. Its length, measuring anteriorly, from the superior margin of the ring of the atlas to the inferior margin of the body of the fifth cervical vertebra, is three inches and a half. The diameter of the spinal foramen of the atlas, from behind forwards, is exactly one inch and four lines, and the transverse diameter one inch and half a line. The odontoid process, instead of terminating at its apex in a point, as it generally does, presents a broad and irregular ovoid form, measuring transversely half an inch, and from behind forwards, including the bony bridge alluded to, one inch; its length is three-fourths of an inch, and its distance from the posterior arch of the ring of the atlas only four lines.

Remarks.—It may be supposed, that, having ascertained the exact nature of this accident, the author of this paper was very anxious to obtain every particular relating to this man's history; and as the Pique was still riding at Spithead, he took the earliest opportunity of going on board, for the express purpose of gaining all the information possible; and he has to thank Mr. Deas, the assistant-surgeon, for his kindness in furthering his views on that occasion.

It appears that the man had, for some years past, always been subject to a stiff-neck; that he very often complained of rheumatic pains in that region, and of sore throat. He was nevertheless, a very efficient and active seaman always doing his duty, and never on the sick list; but was unable to move his head to one side, and was compelled to turn his whole body round when he was desirous of looking either to the right or to the left. It further appears that, at the time the accident occurred, the deceased, although not drunk, was in the state that sailors call "rather fresh," and was "larking" with some of his messmates, and in attempting to catch one of them, his foot slipped, and he fell backwards, his head only slightly striking the deck.

Complete dislocation of the vertebræ, without fracture, (if the first and second cervical be excepted,) is so very rare, that the occurrence of such an accident is doubted, and even positively denied, by some of our best surgeons. It is very desirable, therefore, that well authenticated cases should be published. Sir Astley Cooper, in his work on Dislocations, appears to doubt the possibility of a complete dislocation without fracture, though he does not deny that such an accident may occur. Delpech, Boyer, and some others, assert that it is utterly impossible; and the latter gentleman gives some very sound anatomical facts, in regard to the construction of the articulations, for his reason in disbelieving it.

There are, however, several undoubted cases on record; and Mr. Lawrence, surgeon of Bartholomew's Hospital, has published a case, if the author's memory is correct, in the Medico-Chirurgical Transactions, that ought to convince the most sceptical. Sir Charles Bell has also published, in his work on injuries of the Spine and Thigh Bone, a case of complete dislocation of the last dorsal from the first lumbar vertebra (in a child that was knocked down by a stage coach,) with entire division of the spinal cord. This patient survived, and was taken from the hospital, and died thirteen months afterwards from croup; there was, however, a small portion of the bone broken off.

Professor Rust has also recorded a case of dislocation in the cervical region, which was replaced by himself. The injury occurred in consequence of a severe fall on the head. The neck was completely bent to one side, the upper extremities paralysed, and attacks of convulsions and hiccough supervened. Replacement was attempted, and succeeded. The patient was made to sit on the ground, and the head drawn straight upwards by an able assistant,—and the cure was completed by the local application of cold.

Ehrlich has recorded a most remarkable case of dislocation of the atlas. A young man, 16 years of age, fell in carrying a sack of flour upstairs, and his head was forcibly bent forwards by the burden. He was found senseless; with livid countenance, prominent eyes, tongue hanging out of the mouth, with slow and interrupted respiration, and pulse scarcely perceptible. The limbs were motionless, and apparently paralysed; urine and fæces passing involuntarily; the head was inclined to the right side, and had lost its firmness, so that it fell by its own weight from side to side, when unsupported. The articular process of the second vertebra projected on the left side. Ehrlich considered it a dislocation with pressure on the spinal cord, and caused extension of the head to be made, while he endeavoured to force back the atlas, and bring the second vertebra forwards.

After some effort, the replacement was effected with a snap:—the head now became steady, and the arms moved, but the patient remained insensible, with dilated pupils; the respiration and pulse were improved; and, on the next day, consciousness returned. A good deal of swelling of the neck and ecchymosis came on, but soon subsided, and after ten or twelve days he quite recovered.

In all the accounts, however, which the author has read, he notices, that the direction of the displacement, when resulting from accident, has been forwards and upwards, and not, as in this case, backwards and downwards.

That the ankylosis of the cervical vertebræ, above the seat of the injury, may not have had some influence in producing this anomaly, is left to the more matured judgment of the elder members of the profession; though the writer is certainly disposed to think, that the direction of the dislocation, and the accident also, may be accounted for, in a great measure, by their abnormal condition. It appears very doubtful, that the slight fall which this man got, could, under ordinary circumstances, have produced such extensive and fatal injury.

With regard to the ankylosis, in this instance—there are a number of cases on record, very similar, though not to so great an extent. Wymperse and Boyer have both met with cases of dislocation of the occiput upon the atlas, and of the latter upon the second vertebræ, with ankylosis. Daubenton mentions a very remarkable case of this kind, where the second vertebra of the neck was pushed so far back as to leave only an interval of three lines between the odontoid process and the posterior arch of the atlas; the second vertebra, at the same time, inclining towards the right. It certainly appears surprising that serious and fatal symptoms should not supervene, when we consider

that the spinal marrow must inevitably be compressed in a very great degree; and it is a matter of astonishment, how a patient could possibly live sufficiently long for ankylosis to be completed.

In this case, related by Daubenton, the distance between the odontoid process and the posterior arch of the atlas is one line less than in the case related above.

Professor Sandifort, of Leyden, has described a case where there was displacement of the atlas and axis, with ankylosis of these two bones to each other, and to the occiput: he describes also several others, chiefly of ankylosis, between the occiput and atlas.

There is one remarkable case recorded by him, where the occiput, all the cervical, and the two superior dorsal vertebræ were ankylosed; but the articulating processes and laminæ only were implicated, the bodies of the vertebra being still connected by their fibro-cartilage.

We have also in the museum, at Haslar, a specimen of entire ankylosis of the second and third cervical vertebræ to each other; but there does not appear to have been any displacement.

There is another preparation, showing the commencement of ankylosis in the dorsal region, at the articulating processes.

It would appear, therefore, that a more extensive case of complete ankylosis, than the one now under consideration, has not yet been authenticated and published. There can be no doubt that the primary disease has been ulceration of the cartilages, spontaneous dislocation of the first and second cervical vertebræ following. Professor Rust, of Vienna, has given the best, if not the only account of this disease:—first, in the Saltzburg Medico-Chirurgical Journal, in 1813, and afterwards, more elaborately, in his work on Diseases of the Joints, published in 1817.

The first symptoms of this disease, according to him, are, pain in the neck, becoming more severe at night, or in swallowing a large mouthful, or drawing a deep breath. The pain affects one side of the neck, especially when the head is moved towards the shoulder; it extends from the larynx towards the nape, and often to the scapula of the pained side.

No external alteration is perceptible; but firm pressure on the region of the first and second vertebræ produces considerable pain, and thus points out the seat of the disease. The difficulty of swallowing, and breathing, and hoarseness, increase, alternating with pain in the neck, which seems to fix about the back of the head, and becomes intolerable on moving that part. The head sinks towards one shoulder, the face being turned a little down; for in general, the articulations are affected on one side only, and that was the left, in seven out of nine examinations after death. If both sides were affected, the head will incline directly forwards. In this state things continue for several weeks or months; and, before worse symptoms come on, there is often apparent improvement, freer motion, and more natural situation of the head. But the uneasiness in speaking and swallowing returns; the pain becomes more severe and extensive; the head falls a little backwards, and sinks towards the opposite side. The patient feels as if the head were too heavy, and he carefully supports it with his hands, when he moves from the sitting to the lying position, or *vice versa*. This may be considered a pathognomonic symptom of the affection. Another symptom, which, at this period, shows the true nature of the disease, is a peculiar expression of pain in the countenance; which, combined with the position and stiffness of the head, constitutes so characteristic an assemblage of appearances, that it is enough to have seen it once, in order to recognise it again immediately. In the further progress of the case, noise in the head, deafness, giddiness, cramps, and convulsions, partial paralysis, particularly of the upper limbs, loss of voice, purulent expectoration, and hectic symptoms supervene. Generally, no external change is observable, either in the neck, or in the cervical region; and Rust observed, in one case only, swelling of the affected side, which broke, and left fistulous ulcers.

But the slightest pressure in the region of the three upper vertebræ is acutely painful, and sometimes, in the advanced period of the disease, a grating of rough surfaces is distinctly perceived, when the head is turned. The patient may continue for months in this helpless and painful state, and then dies, either from exhaustion or debility; or, which is more frequent, suddenly and unexpectedly. Experience has furnished very little satisfactory knowledge in regard to the treatment of this disease.

Blisters, setons, and issues, have been tried; but Rust found these remedies only capable of retarding the progress of the disease, and producing little or no abatement in the symptoms. The only cure is that effected by nature; and the best treatment appears to be that, where such a position, and quietude of the patient is adopted, which favours its terminating in ankylosis.

It appears rather strange that the ankylosis should have terminated so abruptly in this case. There was no appearance whatever of a disposition to change in the articulation between the 5th and 6th vertebra, the seat of dislocation; the ligaments in this situation (although ruptured) were distinctly capable of being made out, and those immediately succeeding are perfectly normal, with the exception of the *ligamenta subflava*, in the dorsal region, where there are evident symptoms of ossific change.—*Edinburgh Med. and Sur. Journal.*

EXTENSIVE SCROFULOUS DISEASE OF THE KNEE-JOINT.

AMPUTATION.—RECOVERY.

BY B. W. HOLT, M.R.C.S., &c.

Alice Cross, a young girl of strumous habit, having been suffering from scrofulous disease of the left knee-joint for eight months, during which time she had been under the treatment of several surgeons, applied to me on the 3rd day of July, when the disease presented the following appearances:—Knee-joint considerably enlarged; skin shining and tense, having congested veins running over the whole extent of surface; a small ulcerated spot on the inner side, with sloughing edges, intense pain upon the slightest movement, accompanied with grating of the bones one against the other, the cartilages having become ulcerated; countenance pale and emaciated, both limbs very much wasted, but no cough or symptom of diseased lungs. Thinking there was not a possibility of saving a limb in such a state, in a few days I proposed its removal, but the mother, of course anxious that every chance should be given to her child, would not consent; I therefore requested Mr. White to see the case with me, which he kindly did. He thought the limb might possibly be saved; the operation was consequently postponed. As much nourishment as was necessary was ordered to be administered, the limb to be kept perfectly quiet and poulticed. I saw the patient from time to time; the leg gradually got worse, ulceration extended; numerous abscesses formed in the limb, which were opened, and a free discharge of pus allowed to take place. This state of things went on until the 28th of August, at which time the knee presented the following appearances:—Lower part of the femur and upper part of the tibia entirely exposed; the leg perfectly contracted on the posterior part of the thigh; ligaments in an advanced state of ulceration, with unhealthy flabby granulation; around the joint an abscess running for some little distance up the thigh, and the girl's health evidently beginning to suffer.

Fearing we had deferred the operation until it was too late, I had a careful examination of the lungs made by an experienced friend of my own, who assured me that at present there was no disease, but it was impossible for him to say how soon deposit might take place, the patient being so extremely strumous; I therefore immediately called on Mr. White, who, after seeing the girl, proposed that the operation should be performed the next day. Every chance and opportunity having been given the limb, as far as was consistent with the life of our patient.

On the 29th of August, I removed the limb by the circular operation, it being necessary to begin high up the thigh to get beyond the diseased part; some little difficulty was experienced in extending the limb sufficiently to allow the hand to be passed under the thigh, but through the kind assistance of Mr. White it was effected with trifling pain to the patient. The operation having been completed, and three arteries tied, the edges of the flap were brought together by adhesive plaister, and the patient placed in bed.

Upon seeing her in a few hours after, I found a perfectly moist skin, clean tongue, and quiet pulse; countenance slightly flushed; stump laying quiet, and not inclined to jump.

30. Has passed a good night; slept well; does not complain of any pain; tongue clean and moist; pulse tranquil; countenance cheerful. She is evidently fast recovering the shock of the operation; bowels have not been moved; skin cool, with slight moisture. Ordered her merely to take a little tea and toast and water.

8 p.m. Going on favourably.

Sept. 1. Has passed a good night; symptoms of slight discharge on the outer side of the stump; bowels have been freely open; tongue clean; skin moist; and countenance cheerful.

8 p.m. Going on well.

2. Upon my seeing her this morning she complained of slight pain on the outer side of the leg, and upon examination at the time of removing the dressings, I found that, for about an inch and a half, there was slight discharge, the whole of the inside having healed by the first intention. She complained of very little pain while the dressings were being completed; countenance cheerful.

3. Slight but perfectly healthy discharge on the outer side, but in all respects going on favourably.

10. Stump nearly all healed; she is perfectly well in health, enjoying the more generous diet she was ordered a few days back.

20. I will not take up more of your valuable space than to say that the girl is quite well, and goes out every day. I may, however, remark, that I think the case interesting as illustrative of the great extent to which you may go in young persons, when the precaution is taken of carefully watching the lungs.

EXTRAORDINARY DEVELOPMENT OF THE KIDNEYS IN A NEW-BORN INFANT.

By Dr. T. OESTERLEN, of Murchardt.

The great size of the abdomen of the infant formed a serious obstacle to its delivery; the head and breast passed the vulva easily, but it required considerable efforts on the part both of mother and accoucheur to deliver the abdomen.

The child was dead, and the enlargement of the abdomen was found to depend on an enormous development of the kidneys, which had displaced the liver and all the other abdominal viscera. They were converted into a vesicular structure, and the granular portions were considerably enlarged. The vesicles were regarded as true hydatids, into which the parenchyma of the kidneys had been transformed.

This disease, though rare in the young of the human subject, is not at all uncommon in lambs.—*Neue Zeitschrift fur Geburtskunde.*

TO CORRESPONDENTS.

AMATOR JUSTITIÆ *must give us his name, so serious a charge requires ample authentication to justify our publishing it.*

Mentor's contribution is left for him at our office.

G. S.—*Letters to Lord John Russell on semi-political subjects, treated in a wholly political spirit, had better be sent to him direct through the Post Office.*

D.—*The brief refutation of Dr. Wilson Philip's nervous system, will appear in our next.*

Our Country Subscribers are requested to announce any past irregularities in the delivery of their papers. Our Publisher has orders to correct them.

We beg to direct the attention of our readers to the reduction we have made in the price of our Journal to half-yearly and yearly Subscribers, paying in advance.

NOTICE.

We are happy to inform our subscribers that the arrangements we announced last week as in progress have terminated as we expected, placing the MEDICAL TIMES under the most distinguished management of any medical journal published in the metropolis.

THE MEDICAL TIMES.

SATURDAY, OCTOBER 16, 1841.

"First our fear—then our court'sy—last our speech."—*Hen. IV.*

IN presenting ourselves for the first time in our new character of journalists, we are anxious—albeit not unknown to the public in what is generally thought a more dignified position—to make known something of the party who is seeking the honour of our readers' acquaintance, and to expound to them the principles on which we lay claim, as well to the continuance as to a larger grant of their zealous support. In ordinary circumstances we should probably agree with Rochefoucaldt that it is politic to coerce the inclination which each man feels to teach the world something of the worth it unconsciously possesses, but there is—the public must pardon our thinking it—a happy peculiarity in our present case which forbids us to remain silent, and forces the indulgence of a little egotism on us as an inexorable duty.

In taking the most cursory review of the present state of the medical community, whether our attention be directed to the general qualifications of its members, or to the constitution and character of its ruling bodies, to its position relatively either to the public or to its own subordinate parts, it is impossible not to feel that there can be no necessity more urgent than that of some great change in the whole system of its polity. Its government—if that can be called a government which is little else but an irresponsible and motleyed administration of antiquated and inoperative requirements—has been condemned not only by the public opinion of the whole profession, expressed with an unanimity which nothing but the enormity of the abuse can explain, but its defence has been given up by the very men who, as its administrative instruments, derive from it a large amount of distinction and pecuniary emolument, the continuance of which depends on the continuance of the system they denounce. The College of Physicians, in their celebrated Report, recommend a *revolution* as regards the nature of their powers and internal management, which can be considered advisable only in the supposition that the body, as at present constituted, is, to say the least, utterly inefficient for the purposes it was formed for. The Corporation of Surgeons acknowledged to the delegates of the British Medical Association, that it meditated great changes—changes so important that they remain yet under the seal of secrecy—and the Society of Apothecaries, as if alarmed at the obvious difference between the nature of their duties and that of their qualifications, seem to have felt, while writing their laudable Report, scarcely any other anxiety save that of finding out somewhere a new body on whom they could throw the graver portion of their responsibilities, without injuring the integrity of their corporate profits and honours. On all sides, therefore, by the highest and by the lowest in the profession, by those profiting as by those suffering, the present government of the medical community stands irrevocably condemned.

It will be our pleasing duty to record this condemnation, to place it not once or twice, but continuously before the public in all its breadth and prominency, and to join our zealous efforts to those of our friends organized in the same cause with us throughout the country, to force the legislative authorities to carry it into execution. The ardour of *our* efforts will be damped by no speculations or *possible contingencies: we* have no private, or corporate, or parliamentary interest to serve, our cause is bound up with that of the profession and the public, and our friends may rely on it that no week shall pass in which it shall not receive from us a bold, earnest, honest, and energetic advocacy. We will know how to pay regard to the vested interests of parties, but we shall not forget that there are vested interests—far more sacred and solemn—of the public: and where it shall be proved that *these* have been neglected, it will be vain to appeal to our support for the former. Our opinion on this matter—unalterably fixed—is that if ever the *salus populi* has a right to be considered *summa lex*—it is especially so in Medical Legislation.

In connexion with this important subject, indeed as one of its essential members, is the suppression of empiricism. We are too sensible of the mischief done by those of our own half-tutored practitioners, whose parrot repetitions before too facile boards, entitle them to trifle with the diseases of their patients not to feel the pressing necessity of a legislative check on men, who without the slightest tincture of any real knowledge, surgical, medical, or even general, are allowed to traffic in blind chances, where every miss carries with it the solemn stake of a human life. But convinced as we are of this necessity, we cannot disguise from ourselves that all measures of legislation must be fruitless, no matter what the force or extent of the legal machinery which may be set in motion to give them effect, unless they shall be sustained by a judicious policy on the part of the medical qualifying bodies, and by a bold and consistent course of fraud-exposure on the part of a truly independent press. The government may deny, for example, the patronage of its stamp to the nostrums of the day—a thing of *vital* policy we may say *en passant*—but while mercenary considerations can ensure their being advertised and puffed with pretended attestations of high medical authorities, in the pages of the Medical Gazette, Lancet, and other smaller medical periodicals, the interests of an enlightened profession, and the health of the public, cannot but go on *pari passu* in their old road of suffering and injury.

Our course on this subject will be as bold and consistent as on all others. We shall seize every opportunity of making the public aware of the real ingredients of empirical panaceas, and of exposing the absurdity of their catholic pretensions; and we will never fail to call attention to their deplorable results in practice, whenever any one of their countless assassinations comes before us in an authenticated shape. But we will not confine ourselves to this; *our actions shall not nullify our words:* WE WILL NOT RECEIVE ONE EMPIRICAL ADVERTISEMENT; no price shall make us. We are aware that in taking this step we are cutting off a large source of revenue: but we assume no credit for the act. We are only refusing to do that which we conscientiously believe no medical journal can do, without betraying a palpable want both of honesty and decency. We are proud to think that our Journal was the first that acquired the distinction of doing its duty, in this respect: the example has been partially followed, and it will not be our fault if six months hence, there be a single periodical, supported by the profession, which persists in outraging its readers by non-adoption of the precedent.

The respectability of the body of medical practitioners, and their maintenance

in that honourable and honoured station in society, which the nature of their duties and general attainments have so justly secured for them, will be with us, we need hardly say, an object of paramount importance, which we shall be careful never to lose sight of. The superabundance of new aspirants for practice, who have presented themselves of late years, and the fierce competition which has naturally grown out of it, have led many of our members to forget that they belong to a profession of Gentlemen, and that there are considerations connected with it of a much higher character than those merely pecuniary. It will be our painful place—and we will never shrink from occupying it—to drag such offenders before the tribunal of public opinion, and so to brand them, that while rendered innocuous for the future, they may serve as salutary warnings to the vulgar and sordid amongst us, who shall feel tempted to imitate their example. Such men are the Pims and Pistols of the profession, and we shall deal with them in a spirit of severity influenced not so much by the disgracefulness of their offences considered in themselves, as by the likelihood of their contagiousness in present circumstances, and their effect on the general character of our body: for we are deeply convinced that an over-numerous profession, however high its rank comparatively to others, can never preserve its respectability without a watchful and stern censorship over its members, on the part of its periodical press.

We have thus given our short and hasty glances at some of the general public principles on which the 'MEDICAL TIMES' will be conducted: our mode of management—the novelty and interest of our medical papers—the careful industry and fairness which will be observable in our reports of medical proceedings—the independence and impartial learning displayed in our critical reviews—are matters which it will be more modest in us—perhaps, also, more serviceable to us—to leave to our reader's own observation and calm judgment. We shall only say of them as of all other things connected with our Journal, we shall do that which to an English mind is all expressive, OUR DUTY.

MONS. LAFONTAINE has addressed us, complaining of the unfair treatment he has received, first, from the Editor of the 'Lancet,'—a thing not at all surprising—and secondly, from the Committee of the Asylum for the Deaf and Dumb—a thing very surprising.

The 'Lancet,' it would appear, not only precipitately committed itself to a bigotted and coarse condemnation of the lecturer's experiments, but indulged in a few statements on matters of fact, which Mons. Lafontaine politely characterizes as going one step further than the *suppressio veri*; an Englishman would probably have used a more pithy and expressive term of description. The lecturer is charged, for example, with persisting on a certain day in refusing to magnetize some very importunate lover of the mesmeric process. That day, it seems, he was on his way to Havre de Grace. He is charged again with having requested the 'Lancet's' writer to sign a paper signifying his credence in mesmerism, and the said writer takes some credit for independence, inasmuch as he even refused to read the certificate. It so happens that the independent gentleman, whose name turns out to be Mr. B. Blundell, (Mr. Blunder Blundell, we presume) was only asked to look at an article signed by himself, and published in the 'Courier de L'Europe,' the only paper that was in truth presented to him. There was here, therefore, a great expenditure of independence to very little purpose. There are a few more assertions given of the same veracious gentleman, proving equally, it would appear with those we have referred to, his admirable qualification for his writership to the 'Lancet;' for the laconic expression of Mons. Lafontaine is, that there is not one word of truth in them. But we pass them by, and come to the journal's infamy in inserting such injurious calumnies, and refusing to give the lecturer's manly self vindication. Had the humble editor to whom it was sent but one spark of true English feeling in his breast, he would have thrown his week's paltry guinea in the face of his employer, and died of hunger in his garret, rather than have perpetrated so wanton an injury on a learned foreigner, whose extravagant, it may be, but devoted love of science brought him amongst us, and who, if the extraordinary good which he connects with Mesmerism be a deception, is more deluded himself than the most credulous of those who believe him.

The second complaint addressed to us, represents the Committee of the Asylum for the Deaf and Dumb, as denying the lecturer permission to prove the benefit of Mesmerism in relieving the afflictions under which their unfortunate patients labour. We know not why they thus denied his application (and unanimously!) nor can we understand how any body of intelligent science-loving men could decline trying an experiment, costing so little and promising so much. However certain they were of the delusiveness of the lecturer's confident promises, they should have recollected that there were others, scarcely less distinguished than themselves, who were not quite so sure, that some of the best names science at present boasts of in France, Germany, and our own country, have concurred by their authority in winning for it a certain amount of credence, and a still larger amount of incertitude even amongst the inquiring and intelligent. As head of an establishment kept up by public benevolence, as men not slightly interested in the progress of correct knowledge and scientific discovery, they should have seized with avidity an opportunity, so little troublesome, of decisively ascertaining, if not for themselves, at least for others, whether magnetism has or has not that healing power in cases of bereaved speech or hearing, which its followers so confidently attribute to it.

We leave the subject, begging the Lancet and the Committee alike, to take our word for it, that the true, the only wise axiom in science, as in religion, is to "try all things, and hold fast by that which is good."

METROPOLITAN LOVE OF PUTREFACTION.

ENON CHAPEL is situated about midway on the western side of Clement's Lane. It is surrounded on all sides by houses, crowded by inhabitants, principally of the poorer class. The upper part of this building was opened for the purposes of public worship about 1823. It is separated from the lower part by a boarded floor: this is used as a burying-place, and is crowded at one end, even to the top of the ceiling, with dead. It is entered from the inside of the chapel by a trap-door; the rafters supporting the floor are not even covered with the usual defence—lath and plaster. Vast numbers of bodies have been placed here in pits dug for the purpose, the uppermost of which were covered only by a few inches of earth; a sewer runs angularly across this "burying-place." From the most authentic information, I have reason to believe, that since the establishment of this place, from ten to twelve thousand bodies have been deposited here, not one of which has been placed in lead. A few years ago, the Commissioners of Sewers, for some cause, interfered, and another arch was thrown over the old one; in this operation many bodies were disturbed and mutilated. Soon after interments were made, a peculiarly long narrow black fly was observed to crawl out of many of the coffins; this insect, a product of the putrefaction of the bodies, was observed on the following season to be succeeded by another, which had the appearance of a common bug with wings. The children attending the SUNDAY SCHOOL, held in this chapel, in which these insects were to be seen crawling and flying in vast numbers, during the summer months, called them "body bugs;"—the stench was frequently intolerable; one of my informants states, that he had a peculiar taste in his mouth during the time of worship, and that his handkerchief was so offensive, that immediately upon his return home his wife used to place it in water. The parish authorities interfered upon the subject of poor-rates, proposing to impose a mere nominal rate, if the place were closed; this was done for about twelve months. In defiance of opinion, however, it was again employed for the purposes of interment, and has been so used up to the present time. I am acquainted with many who have been seriously affected by exhalations from this corpse hole, and who have left the place in consequence.

Some months since, hand bills were circulated in the neighbourhood, "*requesting parents and others to send the children of the district to the Sunday School,*" *held immediately over the masses of putrefaction in the vault beneath.*

Residents about this spot, in warm and damp weather, have been much annoyed with a peculiarly disgusting smell; and occasionally, when the fire was lighted in a house abutting upon this building, an intolerable stench arose, which it was believed did not proceed from a drain. Vast numbers of rats infest the houses; and

meat exposed to this atmosphere, after a few hours becomes putrid.

It appears from an official return made to the House of Commons, in the year 1833, that "in the parishes and places within the London bills of mortality, and of Chelsea, Kensington, Saint Mary-le-bone, Paddington, and St. Pancras, in the county of Middlesex," 32,412 interments took place in the burying-places of the establishment, *exclusive* of those belonging to the Dissenters, Jews, and Catholics.

I am perfectly convinced that from many private burial-grounds, in low and crowded neighbourhoods, where the lowness of the fees has occasioned an immense influx of funerals, *no returns whatever have been made*, or returns purposely inaccurate have been furnished. The returns from some places I could name would be instructive.

From *official* documents it also appears, that the number of bodies buried in the metropolis,

From	1741	to 1765, inclusive, were	588523
	1766	.. 1792	605,832
	1793	.. 1813	402,595
	1814	.. 1837	508,162
			2,105,112

I have not been able to procure any satisfactory accounts of the numbers interred in burying-grounds unconnected with the Established Church. By some parties *information was refused*, by others the records of the place were stated to have been lost or neglected, and in some cases the *parties most interested in* SUPPRESSING, *had alone the power to communicate*. The number must, however, be enormously vast, seeing that there are, in various parts of the metropolis, about 450 places of worship, of which nearly 200 belong to the Establishment; there are 47 for Baptists, 6 for the Society of Friends, upwards of 100 for Independents, 32 for Wesleyan Methodists, 4 for Swedenborgians, 6 for Unitarians, 4 for Welsh Calvinists, and numerous others, for different classes of Protestant Dissenters. There are, also, 9 chapels in connection with the Church of Scotland, 14 Roman Catholic chapels, 7 synagogues, and 18 foreign Protestant churches and chapels.

[450 legalized manufactories of putrid air in constant operation against the health of the inhabitants of a crowded metropolis! This surely calls for an immediate remedy.—ED.]

CASE OF HYDROCEPHALOID DISEASE.

By C. W. GRAHAM, M.D., Surgeon, Edinburgh Militia.

NEAR eleven o'clock on the night of the 26th March, 1841, I was urgently requested to visit a little girl of Mr. M———'s, two years and a half old.

She had been under the charge of a medical gentleman here for the two previous days, so that I did not exactly learn what treatment she had received, except that some doses of calomel and several domestic enemata had been administered.

On examination, I found that the child had no pain on pressure being applied to the region of the stomach and bowels, though there was the most urgent desire for cold water, which was immediately ejected. The skin was cool; the pulse 88, soft, and moderately full; the tongue thickly coated to the point, and red round the edges. The bowels were confined; there was a constant picking at the nose and angles of the mouth; and the child awoke suddenly screaming from short sleeps; the countenance was occasionally flushed; the urine was high-coloured and scanty.

I recommended the application of a sinapism, for half an hour, over the region of the stomach, thereafter a small tablespoonful of castor oil, and to be repeated if the bowels were not relieved.

On the 27th, 8 A.M. The symptoms continued as at last night's visit, with the addition of strabismus, dilatation of the pupils, grinding of the teeth, and the pulse was small and very feeble; the face pale and features collapsed. The child had suffered two or three convulsive seizures. She had passed two dark-coloured offensive evacuations after the second dose of oil; but the stomach still continued very irritable, with great thirst.

I gave her a teaspoonful of sherry in the form of negus, and ordered a blister to the region of the stomach, the extremities to be wrapt in warm flannel, and to have every hour and a half eight drops of the *Spt. Ammon. Comp.*, alternated with twenty drops of brandy in arrow-root. Absolute rest was enjoined, and orders were given that the child should on no account be raised into the erect posture. At noon, the convulsions had greatly increased in violence and frequency, and were of longer duration, with constant tossing of the arms and general restlessness. Two drachms of assafœtida were directed to be dissolved in eight ounces of boiling water, and after being strained, half of this solution was thrown into the bowels. This acted like a charm, for the fits ceased immediately, and never returned; vomiting also ceased. The ammonia and brandy in arrow-root were continued.

5 P.M. Symptoms continued as at last visit; pulse 124, small and feeble; surface warm, breathing occasionally stertorous and suspended.

9 P.M. No alteration. Three drops of laudanum were directed to be given every six hours along with the brandy and ammonia.

28th, 8 A.M. She had passed rather a good night; got her, with some difficulty, to show me her tongue, which was very red and somewhat fiery; the thirst was abated; but there was continual tossing of the arms; the eyes were half-closed and turned up; the pupils contractile; pulse 118, soft and rather full; the bowels not opened since yesterday; and the urine was passed in bed. The blister had risen well.

Directions were given to continue the ammonia and brandy, increasing the dose to ten drops of the former and thirty of the latter, and to discontinue the laudanum.

1 P.M. No change in the symptoms. Continue the same.

9 P.M. Symptoms greatly aggravated since last visit; has all the appearance of sinking fast; the extremities becoming cold, as well as the nose and cheeks; she is still able to swallow. The brandy, &c., to be given more frequently, and warmth applied to the limbs.

I returned at 11 P.M. and remained during the night.

At 2 A.M. of the 29th, my little patient lay in a comotose state, from which I could not rouse her; the powers of deglutition seem to be nearly gone, as the arrow-root and brandy run from the mouth.

I sent for the following mixture. *Aquæ. Carb. Ammon.* ℥i. *Olei Crotonis Tig.* gtts. 1; *M.* With this liniment the nape of the neck and back part of the head were well rubbed for ten minutes. Shortly after, she began to complain of pain, and frequently applied her hand to the part that was rubbed with the embrocation. I got her now to swallow a little arrow-root and brandy; afterwards she fell into the same dozing state for four hours, when she was again rubbed and had some nourishment given her.

At 7 A.M. She seemed more sensible than I had seen her for the last two days; squinting continued, however, along with dilatation of the pupils. The pulse was 106, more full, and improving in strength. Two drachms of castor oil were ordered to be given in beef-tea, and the ammonia, &c., at intervals of four hours.

At 10 A.M. Bowels have acted well, the evacuations copious, dark, and offensive.

2 P.M. Strabismus gradually going off, and the eyes and countenance assuming their natural appearance.

9 P.M. Pulse 96, becoming stronger; has had another alvine evacuation, neither so dark nor offensive. She takes the beef-tea readily. Brandy and ammonia to be discontinued.

30th. She has passed a good night; squinting completely gone; features more expanded, and countenance cheerful and lively; tongue very fiery; appetite rather keen, and continually calling for bread. Two drachms of castor oil were given; and the beef-tea was continued. From this date, my little patient, by strict attention to the bowels, and mild nutritious food, progressively improved, and was soon restored to her wonted health.

I could adduce many similar cases of this very singular morbid affection; but suffice it to say, that they were all subjected to the same treatment as the one now recorded, and attended with equal, though unlooked for success.

To the writings of Drs. Abercrombie, Marshall Hall, and Gooch, and the work of Drs. Evanson and Maunsell, I certainly feel much indebted for the knowledge I have obtained of this disease. The similitude of this affection to *hydrencephalus verus* is so great and so strongly marked, that it may be very readily mistaken for, and treated as such by the general practitioner; and this is one of the chief reasons that induces me at present to direct attention to a subject which, there is reason to believe, is not very generally understood.

It is a fact which cannot be denied, and should ever be borne in mind, that there are diseases which, while they have a great resemblance to each other, arise from the most opposite causes; and it is not to be wondered at, therefore, that the brain should become affected in a manner so remarkably similar, from the two opposite states of over-fulness and of deficiency of blood.

Dalkeith, 18th June, 1841.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths from all causes, registered in the week ending Saturday, the 2nd October, 1841:—

Epidemic, endemic, and contagious diseases	157
Diseases of the brain, nerves, and senses	170
Diseases of the lungs, and other organs of respiration	237
Diseases of the heart and blood-vessels	14
Diseases of the stomach, liver, and other organs of digestion	90
Diseases of the kidneys, &c.	4
Childbed, diseases of the uterus, &c.	7
Diseases of the joints, bones, and muscles	2
Diseases of the skin, &c.	
Diseases of uncertain seat	112
Old age, or natural decay	49
Deaths by violence, privation, or intemperance	32
Causes not specified	9
Deaths from all causes	883

TUMOUR OF THE BRAIN, WITH HYDROCEPHALUS, AND ARREST OF DEVELOPMENT OF THE UTERINE SYSTEM.

BY DR. O'BRYEN.

Mary Morgan, aged 20, when about two years of age, had an acute attack of hydrocephalus, which appeared to continue in a chronic form during the rest of her life. At the age of seven, during another attack, she lost the sight of her left eye. When about fourteen years of age, the fits to which she was subject became more severe, and of longer duration; and when about eighteen, after feverish symptoms, and an epileptic fit, which lasted two hours, with slight delirium, the right side became paralysed. About four months before her death she frequently slept for a whole week, during which she suffered from convulsions every four or five hours. The power of speech, which had been gradually becoming more imperfect, was lost for some days before her death, as was also the power of swallowing; she also partially lost the use of the right eye. She died when about twenty years of age. The expression of her countenance was very childish. Menstruation never appeared; nor did any change take place in her manners or habits, as is usual at this period of female life. She showed no preference for the society of the male sex, but rather shunned them, preferring the toys of childhood, and children of five or six years old for her playmates.

The *dura mater* was thickened, white, and extremely resistant. The arachnoid was thickened, and of a milky whiteness. The convolutions of the brain were almost obliterated, and the substance softened. After removing a slice of about half an inch from the hemispheres, the lining membranes of the lateral ventricles were brought into view. They were white, tense, very resistant, and distended with serous fluid. When the serous fluid, which was about eighteen ounces in quantity, had escaped, the brain lost its round appearance, and became flattened. When the ventricles were laid open, a tumour was found arising from the anterior part of the left optic thalamus covered by the lining membrane of the ventricles, which it had pushed before it. When the brain was removed, a second branch of the same tumour was found extending along the petrous portion of the temporal bone, penetrating the *tentorium cerebelli* above the internal auditory foramen, and adhering firmly to the arachnoid covering the left lobe of the cerebellum. The tumour was composed of calcareous matter; and measured from its base upwards of two inches, and from its base to the end of its lateral branch, two inches and a quarter, varying from half to one inch in breadth. Near the base of the tumour was a notch under which the third, fourth, and sixth cerebral nerves, with the first branch of the fifth pair passed. The base of the brain presented a loss of substance corresponding to the size of the tumour, commencing to the right of the *tuber annulare*, which was sound, including a fourth of an inch of the *crus cerebri*, two convolutions of the middle lobe, to the depth of nearly one inch, on the outside leaving the fifth pair of nerves, and on the inside the *corpora albicantia* untouched. The tumour then penetrated the left optic thalamus, destroyed a part of the *corpus striatum*, the left optic nerve posterior to its commissure, and the first pair of nerves at their origin. The pineal gland could not be found. On inspecting the base of the cranium, the left anterior and posterior clinoid processes were found absorbed; and the tumour, with a narrow base, was found adherent to that portion of the membrane lining the *dura mater*, which covers the left carotid artery after it enters the cranium.—The cerebellum was the only part of the cerebral mass which appeared to be perfectly healthy, if the adhesion of its membranes to the tumour be excepted.

Nothing unusual was met with in the thoracic and abdominal viscera, with the exception of the left lobe of the liver, which was nearly as large as the right. The uterus existed only in miniature; it measured only one inch in length, one line and a half in thickness, and four lines in breadth. The ovaries were each about the size of an almond, and when divided presented one or two cavities. The Fallopian tubes were well formed, but their openings into the uterus were much larger than usual. The *os tincæ* were about the size of a small pea, and very soft. The vagina was small, and had very few rugæ. No hair existed on the pubes, and the mammæ were not developed.

The above case appears to be worthy of notice from two circumstances connected with it; *first*, that the destruction of the left optic nerve posterior to the commissure was followed by loss of vision of the left eye, whilst the humours retained their transparency; and *secondly*, that though the generative organs presented not the smallest developement, the cerebellum was not involved in the disease, but appeared perfectly healthy.—*Dublin Journal.*

EXTRA-UTERINE FŒTATION.

Removal of the Fœtus through the Vagina. By M. Voillemier.

Baudelocque first conceived the idea of delivering women affected with extra-uterine conceptions, through the vagina. Since his time the operation has been often performed; and sometimes the mother, sometimes the child, and sometimes both, have been saved. Whenever it can be performed, the operation is preferable to gastrotomy; but should it be resorted to when the fœtus is certainly dead? This is a question still to be resolved: for so many cases have been seen in which fœtus, having become congested, have given no trouble for several years, and so many in which women have died of operations, that in general these cases have been left to nature. Dubois and Boyer thus left a case, of which the remarkable history was given by M. Thivet (Bull. de la Soc. Anatomique, 1839): the fœtus remained for eighteen years in its mother's peritoneal cavity, and she died of a strangulated umbilical hernia independent of it. In other cases, after an uncertain length of time, a process is set up by which the fœtus or its *debris* are discharged either by the rectum or by the vagina, and then the cure may follow; but in yet other cases the cyst opens into the peritoneum, and then a peritonitis destroys the patient; or else fistulous abscesses are formed in several directions at once, into the intestine, the urinary and genital organs, and the abdominal walls; and these are followed by death, or very slowly by recovery. Such accidents might have been feared on the following case by M. Voillemier:—

The patient having escaped the first dangers which attend every extra-uterine pregnancy, and which seemed still more imminent on the day when labour pains came on, thought herself suddenly delivered: the pains ceased, the abdomen diminished in size, and she regained her health. But after a year, without any known cause, she had dull pains in the hypogastrium; and her health being again deranged, she came into the Clinical Hospital on the 18th of August, 1838, being then forty-one years old. After making the necessary inquiries of preceding history, and an attentive examination of the abdomen, a large fœtus was discovered. Above the upper aperture of the pelvis on the right side, there was a round solid tumour formed by the head; higher up, and towards the left and fore part, there was a flat surface, with some irregularities, which it was thought was formed by the vertebræ; and more to the right, and below the ribs, there was another tumour presenting several projections, but nothing very distinct. The fœtus therefore appeared to be placed in nearly the first position. By the side of the vagina, fixed in the upper strait, a round hard tumour, evidently formed by the head, was felt: it was covered by only a soft and thin envelope, and the sagittal suture could easily be felt. The uterus was thrown behind the horizontal ramus of the right os pubis, and had undergone no other change than that of position.

On the 21st of August, M. Dubois performed the operation. After having introduced a short and large speculum into the vagina, he made along the tumour a transverse incision, which penetrated to the bones of the head; but no liquid following, and finding no separation of the divided tissues, he feared there might be adhesion of the head of the fœtus to the lower part of the cyst, and he had the patient put to bed again. On the same evening a fœtid puriform discharge through the vagina took place; on the next day there was a little fever; on the 24th nausea and great tenderness on pressure of the abdomen. Leeches, Seidlitz water, &c., were ordered. On the 26th there was more pain; the bones of the head were felt shifting one upon the other. On the 27th several portions of them were extracted: the discharge was very abundant, but was not now fœtid. On the 6th of September the bones of the face were extracted without difficulty. Two hours after there were violent rigors; but the fears which they excited were soon relieved, and next day the patient got up. Slowly walking and injections promoted the descent and discharge of the other bones; but the sac had to be examined again to extract some of the long ones. On the 28th of September the patient went out completely cured.—*L'Examinateur.*

SCHIRROUS PYLORUS—DEATH—NECROTOMY.

By Mr. WILLIAM PROCTER, Clinical Assistant, Westminster Hospital.

Mary Shaw, æt. 43, was admitted, 15th June 1841, into Westminster Hospital, under the care of Dr. Burne. Until three years since she enjoyed good health; at that time she had a severe attack of scarlatina, with low fever; the debility consequent on this, was lengthened by a cold taken during recovery. Shortly after complete convalescence she began to feel pain and uneasiness in the stomach after taking food, followed by nausea and heartburn; which symptoms slowly increasing, tenderness in the epigastrium supervened; and as the disease increased in severity and advanced, every thing taken into the stomach was rejected some little time afterwards; vomiting took place at intervals (without any apparent exciting cause) of matters having different appearances; sometimes a green mucus, at others, that peculiar fluid like coffee grounds, often mixed with undigested food. She was not able to take any thing solid—sago, arrow-root, and nutritive articles of that kind, constituted her diet; but even these she was able to bear only in small quantities. In this state she applied to Dr. Richardson, who, having assured himself of the nature of her disease, sent her into the hospital.

At the time of her admission she was extremely emaciated; the eyes sunk, the cheek bones prominent, and the whole face lean and linear; the skin was dry, and imparted a rough sensation to the touch; the tongue was dry and

furred; the bowels (as they had been all along) very costive; pulse 70, small as a thread, and feeble. She vomited usually about an hour after taking food; and attacks of vomiting, more particularly during the night, still recurred; the matter brought up, being a dark coloured fluid, generally mixed with matters previously taken into the stomach. Neither at this time, nor at any other, was gastric pain experienced; nothing beyond an occasional and disagreeable feeling of distension.

On inspecting the abdomen on several occasions, the outline of the stomach (being then distended) was visible and distinctly traceable; the thin abdominal parietes being elevated, and bulging, in the shape of the stomach, across the epigastric and umbilical regions. Placing the hand on this latter region, to the right of the linea alba, a tumour, the size of half an orange, was clearly palpable, and more or less moveable; its situation was found to vary in some degree, according as the stomach was distended or contracted.

The question that organic disease existed being indisputable, means were employed to allay the vomiting, which was at this time the most urgent symptom; and to support the strength, as far as was possible, by diet of milk and sago, with beef-tea, taken in small quantities, and frequently, in order that the stomach might not be suddenly overlooked. The bowels were regulated by common enemata; and as a palliative, she was ordered—

Mistur. Creasoti, ℥j. t. d.

28th.—She has been pursuing the above treatment up to this time; and though there is less vomiting and uneasiness of the stomach, no decided improvement is perceptible; indeed she appears to grow weaker daily. Dr. Burne ordered the mixture to be continued, and an enema of milk every morning, and of beef tea, egg, and flour, twice a day, with a view to nourish the patient.

July 14.—Has continued the preceding plan, with some benefit; is no weaker than on her admission; vomiting on the whole less, though more frequently, and often in the night.

20th.—The stomach continues more settled; she is able to pursue the plan prescribed by Dr. Burne, and to take a light pudding daily; notwithstanding this, no decided improvement is perceptible. The vomiting returns if the bowels are not open, and emaciation goes on.

28th.—Is gradually getting weaker, and there is more emaciation. Great care being observed, the stomach is induced to retain her food. The attacks of vomiting return frequently during the night, and soon after taking any solid substance, as bread, which was once or twice attempted. She requires the use of aperient (in addition to the nutritive) enemata, in order to relieve the bowels.

Aug. 14th.—Soon after the last report, her memory began to fail, and she appeared lost when asked a question. Is much worse in all respects, being able to take scarcely any food; fluid, like coffee grounds, continues to be vomited. For the last three days the bladder required emptying by the catheter; violent hiccough supervened. Her remaining powers failed rapidly, and in the course of the evening she expired.

Post-mortem examination thirty hours after death.—The whole body emaciated, and attenuated to the utmost degree. The abdominal parietes being reflected, a tumour, the size of a small apple, rather flattened, was seen occupying the pyloric extremity of the stomach, and lying in the umbilical region. The position of the stomach was somewhat oblique; the lesser curvature looking to the right side, and passing transversely downwards from the left hypochondriac to the above named region. The stomach itself was unnaturally large, capable of holding five pints. On laying it open, the cardiac parietes were thin; the mucous membrane soft and marked with two or three particles of minute dotted vascularity. The tumour completely encircled the pylorus; and on cutting through it, a rough grating sensation was communicated to the scalpel; the peritoneal coat around it was entire, but involved in the general thickening. Internal to this the tumour was pale, and its extent well defined by a hard white line of cartilaginous consistence. The proper schirrosity occupied the place of the muscular and submucous tissues; this non-analogous structure, extending all round the pylorus, was more than half an inch thick, of a yellowish white colour, intersected with dense white lines of a fibrous aspect; the interstices filled up with a whitish hard concrete substance. The pylorus itself was diminished in size, so as barely to allow the passage of a quill within it; in several places the mucous membrane was ulcerated. The duodenum was of natural calibre, and otherwise in a healthy state. The liver was atrophied, but healthy in structure. The omentum appeared of increased vascularity. The other viscera were quite healthy, and no schirrous induration occupied the intestinal canal.—*Med. Gaz.*

AN INTERESTING CASE OF BILIARY CONCRETION.

Communicated by Mr. MALLETT, of Bolton-le-Moors.

A CLERGYMAN of a phlegmatic temperament, and at times disposed to give way to melancholy, had suffered much from indigestion and its attendant phenomena, such as flatulency, acidity, vomiting, and pain in the epigastric region, extending occasionally to the back, and beneath the sternum, his motions generally indicating a torpid action of the liver. These symptoms continued some time, when, about seven or eight years since, he had violent attacks of spasmodic pain, which remained for hours and then passed off; for six or eight weeks he continued subject to such attacks, which came on at uncertain intervals, and with a varying degree of intensity; they then ceased, and for about five years he remained tolerably well. At the expiration of that time he encountered many afflictions and much distress, and was again seized with his old spasmodic pains, from which, with short intervals of ease, he suffered more excruciating pain, for about twelve months, than I can remember to have witnessed before. His pains were so violent, that although possessed of a strong mind, he could not endure them without screaming aloud. Medicine seemed here of little avail; he went to various watering places for change of air and scene, but was not benefited; the only thing that afforded him temporary relief was Batley's Sedative Tincture of Opium. This miserable state of existence continued till within about three weeks of his death, when he was attacked with severe rigor, followed by heats and copious perspiration. His pulse, which had never been more than sixty or seventy, now mounted to about one hundred and ten, sometimes more. Every morning a slight intermission of the fever took place, to be succeeded in the evening by the usual chain of febrile phenomena. All severe spasmodic pain had now ceased; but there was a great degree of soreness perceived when pressure was made upon a circumscribed spot intermediate between the hypochondrial and epigastric regions. Opinions as to the real nature of this case had varied: there never had been the slightest jaundiced state of the skin or conjunctiva, and the entire absence of this appearance during the progress of the case had thrown a doubt upon its pathology. But whatever might have been the previous condition of the parts, it was now evident that inflammation was going on, and it seemed most probable that an abscess had formed; consequently the termination could not much longer be protracted. Accordingly, in about three weeks from the commencement of the rigors, the patient was relieved by death from further suffering.

A *post mortem* examination was made, which disclosed an ulcerated opening through the coats of the gall-bladder, communicating with an abscess beneath the concave surface of the liver, which contained about six ounces of pus. The ulceration was evidently caused by the irritation of a moderate-sized gall-stone, which was found near the opening, but still within the bladder. Upon examining the other organs, all were found in their natural condition, with the exception of the pancreas, which contained a hard encysted body, and which proved to be a gall-stone about three-quarters of an inch in diameter. The pancreas was not found either in appearance or structure altered; and the concretion must have been imbedded there for some time, as no trace of its passage could be discovered.

Thus, then, was explained the cause of his sufferings some years previously, and their cessation till another gall-stone had formed, and then expulsion in a similar way was attempted; but inflammation, abscess, and death, were the consequences.

HOSPITAL REPORTS.

MEATH HOSPITAL AND COUNTY OF DUBLIN INFIRMARY.

CASE OF DISUNITED FRACTURE.

WILLIAM ARCHER, æt. 13, admitted 6th September, 1840. His left femur presents a prominence on the outer side of its upper third; on examination the prominence is found to be caused by the lower portion of the bone projecting, the result of an oblique fracture that occurred 15 months ago.

The broken portions of the bone do not grate on each other when they are moved; but motion is perfect between them when one is rotated on the other; and the rotation is restrained beyond a certain extent by a bond of union evidently ligamentous; the boy is thin and of spare habit, which enables this to be easily perceived; extension elongates the limb 3-4ths of an inch; and when he stands with the thigh exposed, the inferior portion of the fractured bone is seen to move upwards on the upper fragment. He is of scrofulous temperament, light hair, light blue eyes; very clear complexion, and enlarged submental and cervical glands.

His history is as follows:—About 15 months ago a boy fell on him and broke his thigh; a simple fracture; he was immediately brought to hospital, and in the space of nine months union having taken place, he was dismissed cured. In about five weeks after this as he was sitting down on his form at school, he suddenly felt the bone as if quite loose, but not painful until he attempted to walk, then the pain was slight; after seven or eight days the pain subsided entirely; but the leg felt "unsteady," and he got a crutch, by the assistance of which he has walked tolerably ever since, except that for the last six weeks he says, "he thinks the bones have become looser."

Ordered—Some infus. gentian. comp. with sulph. magnesiæ.

September 14. His digestion is in a good state, and his general health good.

A seton, consisting of a skein of silk, was

this day introduced by pushing a curved seton needle into the posterior part of the thigh, down to the fractured bone, then turning it outwards *round* the broken extremities, so as to encompass about two-thirds of their circumference, and to rest as closely as possible in contact with them; it was brought out in front of the thigh, the silk being retained in its course; the limb was enveloped in the starch bandage, placed in the straight position, and he was enjoined perfect rest; a small hole was left in the bandage opposite the entrance and exit of the seton needle.

17th—Complains of a good deal of pain in the wound; pulse 100; skin hot; bowels confined.

Ordered—A saline aperient, statim, with some calomel and James's powder at night.

20th—Healthy matter oozes through the opening; the inflammation has nearly disappeared; his skin is moist; pulse 70. Quiescat.

28th—The discharge of matter has increased for the last two days, and he had slight perspiration last night; pulse 90, and soft; did not sleep well; the seton removed; and on the suggestion of Sir P. Crampton a scored splint was bound on the front of the thigh, the more effectually to secure absolute rest to the limb.

October 5—Pulse 60; heat of skin natural; tongue clean; discharge has nearly ceased; appetite good; sleeps well. Quiescat.

20th—Complains very much that the band irritates his leg, and prevents him sleeping; the wounds caused by the seton needle are quite healed. He says he moved his limb in the bed last night, and it felt strong; the bandages and splint were removed to-day, and he was enjoined to keep the leg without motion of any kind.

28th—Sat up in his bed to-day, and says his leg is well; a very gentle examination was made to-day, and the fractured portion appeared to be firm. Enjoined rest still.

November 2—A strict examination was made of the limb this day, and the union of the broken bone was found quite consolidated; he walked for five minutes in the ward, leaning on Mr. Rynd's arm. Ordered crutches, and to get up.

5th—Has been going about the hospital every day since last report.

7th—Walked this day without a crutch; says he is quite well and wishes to go home. Dismissed.

Up to the present time, Sept. 30, 1841, this boy has never suffered the slightest inconvenience in his leg; it is not the least shorter than the other, and he has perfect use of it.—*Dublin Medical Press.*

UNIVERSITY COLLEGE HOSPITAL.

TUMOUR OF THE UPPER JAW-BONE; EXCISION AND RECOVERY.

P. N., aged 21, a native of Gibraltar, his parents are both Spanish, of slight conformation, sanguine temperament, and good general health, was admitted under Mr. Liston on the 1st of September.

Three years and a half ago a tumour made its appearance in the left nostril, and increasing in size, soon projected into the pharynx, through the posterior nares, interfering materially with respiration. During the course of the succeeding nine months it extended itself externally, absorbing the bone, appearing within the cheek, and gradually increasing in size. It next appeared within the alveolar ridge, forming a tumour at the roof of the mouth. During it progress, parts of the tumour have been ligatured at three several times, in the nares, the pharynx, and the cheek. These operations have been followed by sloughing of the part, with very little hæmorrhage. Hæmorrhage, however, has occurred several times spontaneously, to the amount of two or three pints at a time, the bleeding being preceded by heaviness in the head, and followed by a state of great anæmia. The fluid had the ordinary appearance of venous blood. There has been no bleeding for the last two months. During the progress of the growth there has been very little pain. He came to London for the purpose of putting himself under Mr. Liston, at the recommendation of the medical men of Gibraltar.

On admission the growth raised the left cheek so as to form a swelling externally as large as the closed fist; it plugged up the left nostril, and by putting the finger far back into the mouth, and raising the velum palati, a portion could be felt projecting into the superior part of the pharynx. The hard palate was absorbed, and a part of the tumour as large as a walnut projected through it into the mouth. Between this part of the tumour and its external portion a sensation of elasticity, very much resembling fluctuation, was apparent; the surface was unbroken, and traversed by numerous small vessels. The alveolar ridge of that side was pushed much inwards, and consequently the arch of the teeth much elongated and narrowed, and mastication interfered with. The patient was in good health and spirits, and anxious for an operation, which Mr. Liston performed on September 6th, at two p.m.

The patient being securely seated in a chair, and having his head supported on the breast of an assistant, the operation was commenced by the extraction of the central incisor tooth of the affected side. The point of a stout bistory was entered over the nasal process of the maxillary bone, and an incision prolonged by the side of the nose, separating the cartilage from the bone, and dividing the lip in the mesial line. The bistoury was now entered over the external part of the malar bone, and carried along through the cheek to the angle of the mouth. The flap thus formed was dissected up and supported by the assistant a copper spatula was not found necessary. The malar bone was divided by a small saw; the nasal process of the superior maxilla was then divided by Mr. Liston's forceps, which were also employed to cut through the palatine arch. Pressure was now made upon the left carotid, and the tumour being forcibly depressed, its dissection from its soft attachments was proceeded with. This was found to be a difficult and tedious part of the operation, on account of the tumour projecting so far back behind the palate bone into the pharynx; but notwithstanding this, it was entirely detached with the palate bone and soft palate left entire.

The tumour having been removed, the patient was laid upon the operating table on his left side; the cavity was sponged out and carefully examined. One vessel, probably the trunk of the internal maxillary, bled to some extent, but owing to its being very deeply situated it was found difficult to secure it at the time, so a compress of sponge was placed on it and the patient removed to the ward. The vessel was then, with some care and difficulty, ligatured. Not more than eight or ten ounces of blood were lost during the operation, which was borne by the patient with remarkable fortitude. The pulse was quick and feeble, and the surface pallid and cool, after the operation; but some wine and water being administered, the pulse filled, the surface became warmer, and the shock was recovered from within three hours. Deglutition was performed without difficulty by pouring the fluid into the pharynx with a long-tubed feeder. Lint wetted with cold water was kept applied as long as any oozing continued, which was not more than an hour and a half. The facial artery did not bleed, but its open mouth was seized and ligatured. The cavity was filled with dry lint, and at six o'clock the edges of the wound were approximated. Two harelip-pins were introduced through the upper lip, and one at the angle of the mouth, and the twisted suture applied. Three stitches of interrupted suture were applied between the ala of the nose and the cheek, four on the lateral wound of the cheek, and narrow slips of isinglass plaster applied in the intervals.

In the evening the pulse was 80, and full. The patient slept for several hours.

7. Pulse 100, full; the parts are devoid of swelling, redness, or pain. Some saline medicine and a diet of milk and arrow-root prescribed.

8. Slept well; has a good appetite. A diluted solution of chloruret of lime ordered to wash out the mouth. The highest pin from the upper lip and four of the sutures were removed.

9. Has again passed a good night; the two remaining harelip-pins and the rest of the sutures were removed, leaving the lips of the wound, which have united in every part by the first intention, supported by the isinglass plaster alone; diet of beef-tea, eggs, and milk.

10. Redness, pain, and tumefaction, are taking place in the part of the cheek underneath the eye. Eight leeches followed by fomentations were applied; and in a few hours the symptoms were relieved. These symptoms were probably produced by some of the lint having been removed, and the cheek allowed to rest upon the sharp edge of the malar bone where it had been sawn. The eye was rather weak, and its movements somewhat irregular and distorted, in consequence of the floor of the orbit having been removed.

11. The patient was able to leave his bed; much more of the lint was removed, the fœtor from it being very great; all the symptoms favourable; the power of deglutition little impaired.

13. The isinglass plaster was removed this morning; the union at every point was perfect; more of the lint was removed.

30. The progress of the recovery has been most satisfactory and uninterrupted; he is now eating a mutton-chop daily; the cavity is granulating, and filling up in the most favourable manner; the eye is now strong and steady, and the deformity much less than could be expected. The tumour was, contrary to expectation, found to have been originally adipose, but several parts of it were of a fibro-vascular nature.

RUPTURE OF THE UTERUS.

On the 26th of August, I was requested to attend Mrs. Swallow, of Mexborough, (on my arrival there I found a midwife, who had been in attendance about three hours,) ætat. 30, of robust health, and had borne one healthy child, now twelve years old, the present being her second. On examination per vaginam, I readily detected a natural presentation; and at the termination of the first stage of labour, I attended occasionally from Thursday, the 26th, to Monday afternoon, the 30th, during which time I considered she was doing well, and only required time for the natural termination of labour; and this I told her husband, who frequently interrogated me how his wife was doing; and on the Monday he became so impatient, that he insisted upon other aid being called in; I accordingly complied with the demand, and about one o'clock, p. m., a neighbouring practitioner arrived, and immediately suggested blood-letting, after which we endeavoured to apply the forceps the whole of the afternoon, but without effect. The husband became dissatisfied, and called in another, who was in attendance about half-past ten o'clock, p. m., but declined interference, considering the case would terminate fatally, which was unfortunately too true, for she expired on the following day, about eight o'clock, p. m.

Post-mortem Twenty-four Hours after Death.—In the abdomen there was extensive peritonitis; on dividing the parietes of the uterus a fine male child presented itself with the head in the pelvis, and one foot through an opening in the uterus amongst the intestines; the pelvis was well formed, and nothing preternatural could be detected; the head was certainly broken down by the forceps. The child appeared to have been dead about two days; the scarf-skin peeled off easily, but it looked quite florid when first removed; but it afterwards soon became discoloured when exposed. The anomalies in this case, to me, are very peculiar, as there were no symptoms present, either of rupture of the uterus or peritonitis, during life;

and why labour should not have been accomplished, either by natural or artificial means, is beyond my conception; and I shall be most happy to be informed by more experienced practitioners, if they should have met with a similar case. I have now been in practice fourteen or fifteen years, and have never seen anything like it.

ROBERT OTTER BLYTHMAN,
M.R.C.S. & L.A.C.

Swinton, near Rotherham,
Sept. 18, 1840.

MEDICAL NEWS.

ROYAL BOTANIC SOCIETY OF LONDON.—A meeting was held at the Society's Gardens on Saturday, Mr. Jardine in the chair. After viewing the progress of the works, and receiving the secretary's report of donations, the fellows proceeded to ballot for new members. The following are the names of the ladies and gentlemen who have, during the past month, been admitted Fellows of the Society:—His Excellency M. Van de Weyer, Sir Robert Fitzwygram, Rev. T. S. Turnbull, Mr. Peregrine Bingham, Mr. Harvey Drummond, Mr. Finlaison, Mr. C. F. Huth, Mr. J. Bulkely Johnson, Mr. John Morley, Mr. J. G. Pifford, Mr. William Parker, Mr. John Wilson, The Right Hon. Charles Shaw Lefevre, M.P., Colonel Richard Thomas, Mr. Alexander Beresford Hope, M.P., Mr. Mortimer Drummond, Dr. Cox, Mr. Thomas Fox, Mr. John James, Mr. Macready, Mr. Francis Pegler, Mr. C. E. Phillips, and Mr. Thomas Tegg, Lady Hammond, Miss Conant, Mrs. H. C. Hoare, Mrs. Warre, Mrs. Ashlin, Mrs. Droz, and Mrs. Sparrow.

A PATHOLOGICAL FACT.—Saturday evening, between five and six o'clock, a determined attempt at suicide was made by a young married lady, who suddenly rushed down the stairs leading from Hungerford-market to the Thames, and, in the presence of several persons, precipitated herself into the river. On being asked the cause of her making the rash attempt on her life, she objected to assign the cause. She admitted that she was married, and that her aunt, a respectable old lady, resided in Brompton-row, Brompton, giving the name and address. Mr. Howard immediately despatched a messenger to her aunt, acquainting her of the unfortunate circumstance. On the messenger's arrival, to his astonishment, on communicating the circumstance, the old lady did not betray the least surprise, but cooly answered that it was nothing more than she had daily expected, she having at two previous periods, made similar attempts, and that she belonged to a suicidal family, her two sisters having put a period to their existence some time since, one by precipitating herself from a boat into the river, and her eldest sister poisoned herself at her residence near Regent's Park. The young lady having recovered, was safely restored to her aunt, and she accompanied her once again safe to her residence.

A MORAL FACT, GUERNSEY.—An old man, apparently between 70 and 80 years of age, named John Laine, of Anneville, Vale parish, was placed at the bar of the court, under the charge of having practised the art of necromancy, and induced many persons in the country parishes to believe they were bewitched, or under the influence of the devil; and that by boiling herbs to produce a certain perfume, not at all grateful to the olfactory nerves of demons, by the burning of calves' hearts, and the sprinkling of 'celestial water,' he would drive out of the bodies of the insane all visitants from the nether regions, and effectually cure all who were afflicted of the devil. It appeared in evidence that the accused had the reputation of professing to be a necromancer—that he had enjoyed it for the last 20 years at least; but of his having actually practised there was no proof before the court, except in relation to a recent case, wherein he was called upon to eject a proud devil that was supposed to have taken possession of an ignorant farmer, who not long since was elevated to the rank of Douzenier, and therefore legislator of Little Atheus—the truth being that the very dizzy altitude to which he had been called had completely turned the poor man's brains. The court severely denounced the conduct of the accused, and openly declared that the ignorance and superstition prevailing in the country parts of the island—those parts, they might have said, which claim and exercise the right of legislating for the town—and among respectable families too, were at once lamentable and disgraceful. They, however, would not, merely upon the evidence before them, either commit Laine for trial, nor yet send him to prison, but gave him a sharp reprimand, and forbade him, on pain of corporal punishment, ever again to practise on the credulity of the people.—*Guernsey Star.*

VACANCIES, PROMOTIONS, & APPOINTMENTS.

NAVAL.

PROMOTIONS.—Assistant-Surgeons, Thomas Keown, of the Pantaloon; John Stewart, late Bellerophon; C. D. Steel, late Cyclops; Dr. John Bowen, late Castor, to the rank of surgeon.

APPOINTMENTS.—Surgeons, Dr. W. C. Watt, to the Queen, and to be Deputy Inspector of Hospitals; A. S. Allen, to the Vindictive; J. W. Bowler, to the Hazard; and T. H. Keown, to the Snake.—Assistant-Surgeons, W. M'Kenzie Saunders, to the North Star; George Buttler, to the Driver; J. E. Sandys, and D. R. Fulton, to the Vindictive; and W. Lawrence, to the Pantaloon.

MILITARY.

15th Foot, Assistant-surgeon Thomas Henry O'Flaherty, from the staff, to be assistant-surgeon vice Wallace, promoted to be staff surgeon of the second class.—20th Foot, Assistant-surgeon Arthur Travers English, from the staff, to be assistant-surgeon.—47th Foot, Assistant-surgeon Charles Hart, M.D., from the staff, to be Assistant-surgeon vice Battersby, promoted to be staff surgeon of the second class.

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NOTICE.

WE beg to announce that we shall begin, in our next Number, the publication of two valuable series of Lectures, the one by Professor Sharpey, on Physiology; the other on Chemistry, by J. Seoffern, Esq., Professor of Chemistry at the Aldersgate School of Medicine, London.

LEPER HOSPITALS IN THE MIDDLE AGES.

THE leper hospitals, both in Scotland and elsewhere, were intended merely as receptacles to seclude the infected, not as houses in which a cure of them was to be attempted. They were charitable and hygienic rather than medical institutions.

At the present day tubercular leprosy is still regarded as a disease which sets at defiance all the powers of the medical art. Our ancestors had so firm a belief in the same doctrine, that in the case of one of the unfortunate wretches who was tried in Edinburgh in 1597, for witchcraft, amongst the gravest of the accusations brought against the panel was this, that she (Christian Livingstone,) "affirmit that she culd haill (cure) leprosie, quhilk (the libel adds) the maist expert men in medicine are not abil to do." Some of the means of cure she had employed have never, I am afraid, been allowed a place in any of our pharmacopœias. I may allude therefore as a specimen to one of them amongst others, viz. (and I quote the words of the libel) "she took a reid cock, slew it, baked a bannock (cake) with the blude of it, and gaf (gave) the samyn to the leper to eat."

I leave it to the dogmatism of the pharmacologists to decide whether more potent virtues should be ascribed to this recipe of Christian Livingstone's, or to that deliberately offered with the same purport by our celebrated countryman Michael Scott. "It ought to be known (says the great Fifeshire philosopher) that the blood of dogs and of infants two years old or under, when diffused through a bath of heated water, dispels the leprosy without a doubt (*absque dubio liberat lepram*")."

The miraculous properties of the relics of saints were in some instances strongly relied upon as an article of the Materia Medica, fit among other things to cure this incurable malady. Fosbroke mentions a fountain near Moissac, described by Payrat, (abbot of that place in the fourteenth century,) the waters of which were so medicated by the relics of a saint contained in the neighbouring abbey, that the crowds of lepers who resorted to it bathed and were immediately cured. But the valued fountain was not sufficiently powerful to avert the disease being communicated to the monks, or to save them even when once they were contaminated; and at last, according to the confessions of the abbot, it was shut up in consequence of some of the order dying of the very malady which their famed waters could infallibly remove.

In the sequel, when considering the causes of the disease, and the regulations of medical police, adopted in regard to the infected, I shall have occasion to speak at length of the strict rules to which the inmates of most of the leper hospitals were subjected—not for the sake of medical treatment, but with the purpose only of preventing the dissemination of the malady.

Besides being places for the isolation of the infected, the leper hospitals of Scotland and England were often, like the corresponding institutions of the continent of Europe, founded and endowed as religious establishments; and as such, they were generally submitted to the sway of some neighbouring abbey or monastery. Semler quotes, indeed, a Papal bull, appointing every leper house to be provided with its own churchyard, chapel, and ecclesiasties,—(eum cimiterio ecclesiam construere, et proprio gaudere presbyterio,) an order against the latter part of which the poverty of many of the hospitals in Great Britain formed a very secure guarantee. The Greenside Hospital in Edinburgh, being founded at a very late period, partook, perhaps, less of the character of a religious establishment than most others in the kingdom.

The rules established for the domestic and religious duties of the inmates belonging to it, by the commissioners appointed by the magistrates of the city, were few and simple, viz:—

"That the said persons, and ilk ane (every one) of thame leif (live) quetlie, and gif (give) na selander, be banning, sweyring, flyting, skalding, filthie speaking, or vitious leving, or any oyder way, under the paynes to be enjoynit by the counsall."

"That thair be appoyntit ane ordinair reider to reid the prayeris evrie Sabboth to the said lepperis, and ane commodious place appoyntit to the said reider for that effect."

Over some of our Scotch lazar houses, chaplains, and religious officers, with the high-church title of Priors, were placed.

The Prior of Rothfan Hospital was, at the intercession of the founder of the house, admitted to the church. There was one chaplain under him.

In the records of the burgh of Prestwick there is an incidental entry, showing that there was a Prior placed over the Kingcase Hospital near Ayr, in 1507, for "George Yong, Prior of Kingiscase, accusyt Thome Greif of four barrels of beyr, and the said Thomas grantyt 24 shillings, but denyit ye beer." We have already seen that there were chapels annexed to the Kingcase and Aberdeen Hospitals. Our history of the other lazar houses in Scotland is so imperfect as not to enable us to state whether they were equally well provided; but certainly many of the richer leper and other hospitals in England had, as appears from their better preserved records, free chapels attached to them, with resident regular or secular canons. In the Sherburne Leper Hospital, near Durham, there were, besides the Prior, four priests and four attendant clerks. The hospital of St. Giles, Norwich, was provided with a master or Prior, and an establishment of eight regular canons acting as chaplains, two clerks, seven choristers, and two sisters; while the only permanent residents to whose wants they were required to minister were eight poor bed ridden subjects!

Both the ecclesiastical officers of the leper hospitals, and the leprous inmates themselves, were in general strictly enjoined, by the foundation charters and regulations of their institutions, to observe strict religious formulæ, and especially to offer up prayers for the souls of the founder and his family. That the duties connected with this last office were in some instances by no means slight, will be sufficiently apparent by the following extract from the laws of the leper hospital at Illeford, in Essex, which I translate from the regulations established for the house in 1346, by Baldok, Bishop of London.

"We also command, that the lepers omit not attendance at their church, to hear divine service, unless prevented by grievous bodily infirmity; they are to preserve silence there, and hear matins and mass throughout, if they are able; and whilst there to be intent on prayer and devotion, as far as their infirmity permits them. We desire also and command that, as it was ordained of old in the said hospital, every leprous brother shall, every day, say, for the morning duty, a Pater noster and Ave Maria thirteen times; and for the other hours of the day respectively, namely, the first, third, and sixth hour of the vespers, and again at the hour of the concluding service, a Pater noster and Ave Maria seven times; and besides the aforesaid prayers, each leprous brother shall say a Pater and Ave thirty times every day for the founders of the hospital and the bishop of the place, and all his benefactors and all other true believers, living or dead; and on the day on which any one of their number departs from this life, let each leprous brother say in addition, fifty Paters and Aves, three times, for the soul of the departed and the souls of all deceased believers. But if any one shall openly (*manifesto*) transgress the said rules, or any one of them, for each trangression let him receive a condign punishment according to the amount of the offence, from the Master of the said hospital, who is otherwise called the Prior. But if a leprous brother secretly (*occulté*) fails in the performance of these articles, let him consult the priest of the said hospital the Penetential Court."

In several of the hospitals the passions of the inmates were endeavoured to be restrained by the laws laid down by their Superior. Thus the articles of the leper house of St. Julian, at St. Albans, contain the following significant regulations of Abbot Michael *de accessu Mulierum*. "And since by the access of women, scandal and evils of no slight nature arise, we above all things forbid that any woman enter the hospital of the brothers, with the exception of the common laundress of the house, who must be of mature age and discreet manner of life, (maturae aetatis et bonae conversationis), so that no suspicion can attach to her. And she must not presume to enter the house at suspicious times, but at the proper hours, so that her entrance and exit may be seen by all. But if a mother or sister, or any other honest matron come there for the purpose of visiting the infirm, she may have access to the one with whom she wishes to speak, and this may be done by the permission of the custos; with-

out which they are not to enter, whatever may be their rank. But women of light fame and evil reputation are by no means to enter the houses."

The Custos, Master, Dean or Prior, and in some houses the Prioress, seems in general to have had full control over the leprous inmates of the hospital. Thus in the laws which have been transmitted to us of the Sherburne Hospital, it is laid down that members were to be punished for disobedience or idleness, at the discretion of the prior, by corporeal correction with the birch, "*modo scholarium.*" Offenders who refused to submit to this chastisement had their diet reduced to bread and water, and after the third offence were liable to be ejected.

Matthew Paris has left us a copy of the vow which the lepers of the hospital of St. Julian at St. Alban were obliged to take before admission. I append a translation of it as a document highly illustrative of this part of our subject.

"I, brother B., promise, and, taking my bodily oath by touching the most sacred Gospel, affirm before God and all his saints in this church, which is constructed in honour of St. Julian the Confessor, in the presence of Dominus R. the Archdeacon, that all the days of my life I will be subservient and obedient to the commands of the Lord Abbot of St. Albans for the time being, and to his archdeacon; resisting them in nothing, unless such things should be commanded as would militate against the Divine pleasure. I will never commit theft, nor bring a false accusation against any one of the brethren, nor infringe the vow of chastity, nor fail in my duty by appropriating anything or leaving by will to others, unless by a dispensation granted by the brothers. I will make it my study wholly to avoid all kind of usury, as a monstrous thing, and hateful to God. I will not be aiding and abetting, in word or thought, directly or indirectly, in any plan by which any one shall be appointed custos or master of the lepers of St. Julian, except the person appointed by the Lord Abbot of St. Albans. I will be content, without strife or complaint, with the food and drink, and other things given and allowed me by the master, according to the usage and custom of the house. I will not transgress the bounds prescribed to me, without the special licence of my superiors, and with their consent and will; and if I prove an offender against any article named above, it is my wish that the Lord Abbot or his substitute may punish me according to the nature and amount of the offence, as shall seem best to him, and even to cast me forth an apostate from the congregation of the brethren, without hope of remission, except through the special grace of the Lord Abbot."—*Dr. Simpson in Edin. Quar. Med. Jour.*

DR. PHILIP'S NERVOUS SYSTEM.

Communicated by G. D. Dermott, Esq.

Dr. Wilson Philip teaches the identity of the nervous and electric fluids — 1st. Because he can divide the par vagum, and transfer a stream of electricity through the two portions, in the same way that the nervous influence, as he asserts, is transmitted to the stomach,—a thing that would take place with a piece of wet string, or a piece of wire, cut in two. — 2ndly. Because electricity excites the arteries to increased action, and the muscular fibre to contract,—which effect of contraction is merely a consequence of the very sudden manner in which so strong a stimulus is transmitted to the muscle.—3rdly. Because when he divides the par vaga, and digestion is suspended, upon afterwards applying the electric fluid to these nerves digestion is in some degree renewed for a short time,—the fact being that the stimulus of electricity operating upon the nervous power or excitability still remaining in the nerves of the stomach, excites a slight and transient functional action in the stomach, until the vital susceptibility of the nerves becomes exhausted.

M. Gallois has found that a *sudden* destruction of the spinal marrow so enfeebles the heart as to destroy the circulation, and occasion death; but that a *gradual* destruction of the spinal marrow does not produce that effect. Two strange and quite opposite inferences have been drawn from these facts. One by M. Gallois, who asserts that the action of the heart is altogether depending upon the spinal marrow; the other by Dr. Wilson Philip, that it is altogether independent of the nervous system. Now, I maintain that these experiments only prove that the action of the heart is not altogether or principally depending upon the spinal marrow and brain, but upon some other part of the nervous system, viz., the sympathetieus maximus, and I may also mention, in a much less degree, the par vaga. The effect produced upon the heart by suddenly injuring the spinal marrow, proves the sympathy which is existing between the heart and other organs supplied by the sympathetieus maximus on one hand, and the brain, spinal marrow, and parts supplied by them, on the other; and this by means of the nervous filaments extending between the ganglia of the sympatheticus maximus and the commencement of all the spinal nerves. A sudden destruction of the spinal marrow produces the same effect as any other sudden and violent shock upon the system, viz., sudden paralysis of the ganglionic nerves, suspension of the vital functions, and death. Fœti have been born without brain and spinal marrow, where there has been nothing but the sympathetieus maximus to give sensibility to the frame. A division of the par vagum or decapitation shall not stop the heart's function, although it shall that of the stomach, because the heart is only supplied in a minor degree by the nerve, whilst the stomach is almost entirely supplied by it.

The heart, then, does not contract in consequence of the *direct application* of the stimulus to its muscular fibre, as Dr. Wilson Philip would teach. No; the heart would not contract were it not that its nerves are the medium of conducting the sensation or stimulation between the stimulus and the fibre stimulated.

The peculiar nervous power generated in the ganglia of the sympathetieus maximus (which Bichat called small brains), determines the type of sensibility and mode of contraction of the internal involuntary parts of the frame, all of which are made, by means of this nerve, sensible to their own natural stimuli; thus the blood is the natural stimulus to the heart and blood-vessels, the bile to the intestines, and the urine to the urinary bladder; whilst, on the other hand, the will is the natural stimulus to the voluntary muscles, and this through the medium of the nerves of volition.

DR. TURNBULL ON THE ACTION OF HYDROCYANIC ACID UPON THE EYE.

After mentioning the fact, that the eyes of those who have been destroyed by hydrocyanic acid remain clear, and with dilated pupils for a considerable time after death; he goes on to state his conviction, that this powerful agent must exert some specific influence over the eye, and may become eminently useful in the treatment of diseases of that organ.

He then states the result of some experiments performed by himself with beneficial effects, in the treatment of incipient cataract, opacities of the cornea, amaurosis, iritis, &c.; first, with the diluted acid rubbed on the forehead, and subsequently with the vapour of the concentrated acid applied to the eye, by means of a small phial, for the space of half a minute, or until the operator sees the pupil greatly dilated, and the conjunctival vessels injected with blood. The patient experiences a slight sensation of warmth, but no pain, owing to the sedative influence of the acid; thus showing the great remedial powers of this agent, from the stimulating and sedative powers being exerted at the same time, and without the uneasiness arising from stimulation alone. The fumes of the acid should not be allowed to enter the nose.

He also uses, in similar cases, the essential oil of bitter almonds, diluted with an equal proportion of water, and applied in like manner; but its effects are somewhat different. There is a soothing sensation induced by the oil, together with a relief from pain, even of tic douloureux, but no sensible dilatation of the pupil, or much redness of the eye. It is also useful in removing the heat caused by the application of hydrocyanic acid.

MM. DANGER AND FLANDIN ON ARSENIC.

These experimentalists have arrived at the conclusion, that arsenic does not exist naturally in the human body when in its normal state, and that the spots or stains obtained by means of the apparatus of Marsh are nothing else than a compound of sulphite and phosphite of ammonia, in union with organic matters formed during the carbonization of the animal matters.

With the view of definitely settling the question as to the presence of arsenic in the body when in its normal state, MM. Flandin and Danger operated in a different way from that usually followed. They carbonized the animal matters in close vessels, and collected all the products of the destructive distillation. But after the most careful examination of all the products, they could not detect the smallest trace of arsenic. They then poisoned several animals with arsenic, and examined their bodies, using the apparatus of Marsh, in order to determine whether there was any possibility of distinguishing between the true and the false arsenical stains or spots; and the result of their investigation was, that all the usual tests failed in most cases to decide as to which was the true, which the false. The only certain criterion proved to be the reducing the white spots to the metallic state. To effect this, they invented a new apparatus, which they intended to be annexed to that of Marsh.

This apparatus consists, 1, of a cylindrical condenser, having at its lower extremity a tubulature, and terminating in a conical extremity, which remains open; 2, of a tube for combustion, bent in its middle at a right angle, and fitted to the tubulature of the condenser by means of a cork; and, 3, of a refrigeratory, the lower part of which is fitted accurately to the conical extremity of the condenser. When this apparatus is made use of, the refrigeratory is filled with distilled water and fixed into the condenser; the tube for combustion is then introduced to about a third from the extremity, and the jet of hydrogen, which is disengaged from the apparatus of Marsh, set fire to before anything but pure hydrogen is disengaged. The suspected liquids are then introduced into the flask of Marsh's apparatus, and the only care requisite is to maintain the jet of flame as small as possible. When the apparatus is properly adjusted, it is found that part of the arsenic is condensed in the form of arsenious acid in

the tube of combustion; another portion carried forwards by the watery vapour condenses on the sides of the refrigeratory, and runs from it into the condenser. The opening at the lower extremity of the condenser allows the operator, by removing the refrigeratory, to collect the watery product at any stage of the operation. When the experiment is concluded, the concrete arsenious acid in the tube of combustion ought to be used for the purpose of procuring metallic arsenic, whilst the watery product allows of the usual fluid tests being applied. By means of this apparatus, arsenious acid and metallic arsenic, appreciable even to weight, may be obtained by operating on 12½ drachms of the liver or the lungs of dogs poisoned by 2¾ grains of arsenious acid. The conclusions which MM. Danger and Flandin draw from their experiments are the following:—1. Arsenic does not exist in the human body in its normal condition.

2. There forms, during the act of carbonization of animal matters, a product soluble in water, and capable of being sublimed, composed chiefly of sulphite and phosphite of ammonia, united to organic matter,—a product which is capable of furnishing, with the apparatus of Marsh, spots, which present to a certain extent the physical characters of arsenic, and which gives most of the chemical reactions peculiar to that substance.

3. To avoid all fallacy in a case of suspected poisoning by arsenic, if the apparatus of Marsh is used, no reliance ought to be placed on the results obtained, unless the arseniuretted hydrogen gas is burned, and the products of this combustion tested.

4. In a case of poisoning by arsenic, the feculent and vomited matters ought especially to be examined if the person still lives; but if death has been the immediate effect of the poisoning, the arsenic may be found even in the most distant organs of the body.

EXTRACTS FROM FOREIGN JOURNALS.

VELPEAU'S TREATMENT.—1. OF HYDROCELE. M. VELPEAU divides this disease into the acute and the chronic species. The acute (little mentioned by authors, though of frequent occurrence) arises from the same causes as orchitis, which disease it mostly accompanies, especially that variety originating in gonorrhœa. M. Velpeau opposes the opinion of M. Rochoux, that acute hydrocele forms almost the entire swelling and disease in gonorrhœal orchitis. M. Velpeau affirms that only a small portion of the swelling is formed by effusion into the tunica vaginalis, and he considers that the spongy feel of the enlarged testicle has been mistaken for effused fluid.

The treatment of acute hydrocele is the same as that for orchitis, with the addition of tapping; it is on this account principally that it is desirable to detect its complication with orchitis. The puncture (in tapping) he makes with the point of a lancet.

He then proceeds to the causes and the treatment of chronic hydrocele. He has observed, in many cases, small cysts formed in the tunica albuginea, or on the surface of the testicle or the epididymis.

For the radical cure of hydrocele, he considers injection of the cavity the best proceeding. He recommends incision of the sac, in cases where the contained fluid is thick, or the coats of the tunica vaginalis are so hard and solid, that injection of the sac would be useless; and also, where the sac has become converted into osteo-calcaceous shell, or lardaceous matter, he advises incision. In the radical cure of hydrocele, he uses an injection of tincture of iodine, for the several following reasons:—1st, a small quantity, half-an-ounce or an ounce, is all that is required; 2nd, it produces no ill effects by remaining in the sac, or even if it should be injected into the cellular tissue; 3rd, swelling of the testicle, if it exists, is removed by it; and, lastly, it is mostly successful, and the cure is effected in 10 or 20 days. The proportions he uses are two or three drachms of the tincture to an ounce of water. The solution of iodine must be prepared with the hydriodate of potass.

In congenital hydrocele he recommends the same injection to be used, while pressure is made on the inguinal canal.

2. OF VARICOCELE.

Varicocele he treats by the application of pins and ligatures as in common varix. Care must be taken to separate the vas deferens from the veins, by seizing the scrotum at its root, separating the vas deferens, easily distinguishable by its hardness, pulling it inwards, and guarding it with the finger and thumb before passing the needles under the veins. The needles should be applied about the middle of the scrotum: two are required, with the interval of about an inch between them.

3. OF GONORRHŒA.

In gonorrhœa he has tried iodine, balsam of storax, and gunpowder, recommended by some surgeons, but finds nothing so useful as copaiba and cubebs. He advises the combination of two parts of cubebs and one part of copaiba. He thinks the rheumatism, said to be caused by copaiba, is merely the effect of the disease itself. The rash produced by this medicine is of no consequence. Besides these remedies, in acute cases, he advises general blood-letting, and leeches to the perineum: and where there is much thickening of the urethra, friction with mercurial ointment. The objections to injections he thinks absurd. In recent discharges sulphate of zinc is of no use; in those of old standing, in small doses, one grain to an ounce of water, its effects are beneficial; nitrate of silver, in the same proportion, is the best in the early stages of gonorrhœa. It should not be used longer than for three days, lest it increase the irritation. He also recommends compresses to be applied by means of a bandage from the bulb of the urethra to the fossa navicularis.

ON THE COMPOSITION OF THE URINE IN PREGNANCY AND UNDER DISEASE. BY M. DONNE.

At the sitting of the Royal Academy of Sciences, May 24, 1841, M. Donné presented a paper on the above subject. The urine during pregnancy contains less uric acid and phosphate of lime, than in the natural state; a difference accounted for by considering the elements necessary for the formation of the bones of the fœtus. The crystallization of its salts are so remarkably modified, that by simple inspection of the urine, without seeing the females, M. Donné in numerous cases recognised pregnancy at its different periods. In a healthy man, urine contains iron; in chlorosis it cannot be discovered by the ordinary re-agents; but after administering ferruginous preparations, it is easily detected, and thus affords an indication as to the necessity for their employment.

M. Donné also injected milk into the serous cavities, and even into the veins of dogs, and is convinced that when the milk is pure, it produces no bad effects, but circulates as blood in the vessels.—*Gazette Medicale de Paris, Mai* 29 1841.

A CASE OF DEFICIENCY OF UTERUS. BY DR. WEHR, OF KASSEL.

The patient was a little woman, born of weakly parents. At the age of ordinary puberty, her breasts did not enlarge, nor did she ever menstruate, though at monthly periods she had pains in the limbs and other parts of the body. She enjoyed good health, and suffered from no singular symptoms. She died of pneumonia. After death the clitoris was found much developed, but there was scarcely any traces of the nymphæ, and but little hair about the pubis. The vagina was small, the hymen perfect, and the urethral orifice large. The form of the uterus was preserved in the arrangements of the peritoneum, but scarcely a trace of its body and cornua, and only a little of its cervix, was found. In the left broad ligament was a small tubercle. The ovaries seemed merely transparent flattened cysts, full of fluid. The Fallopian tubes were of ordinary length, with small and imperfectly fimbriated abdominal orifices. The vagina was small; its walls were thin and but slightly wrinkled. The orifice of the uterus was flaccid, the cervical part of the cavity wide, and was continued through the body into two separate cornua.—*Caspar's Wochenschrift, Mai* 8, 1841.

ON SYPHILIS IN PREGNANT AND RECENTLY DELIVERED FEMALES. BY M. HUGUIER.

M. Huguier, after many observations on this subject, has arrived at the following conclusions:—1st, The sole primitive phenomenon of syphilis is sometimes a pustular eruption at the vulva; this is often the commencement of chancre: 2nd, Purgatives are not proper for pregnant females affected with syphilis: 3rd, Abortion in them is rather caused by the exhibition of mercury, than by the disease itself: 4th, The venereal disease has not the serious influence on pregnant women as is generally supposed; in twenty-seven pregnant females affected by it, only three died, and their death probably resulted from causes unconnected with syphilis: 5th, The mercurial treatment does not always preserve the fœtus, nor prevent relapses, and it often causes serious results: 6th, The sublimate is the most dangerous of the mercurial preparations, and mercurial friction is preferable: 7th, Syphilis is often hereditary, and especially shows itself from three to thirty days after birth. This last remark is important, as, if the child is examined in the first or second week and declared healthy, and is then put out to nurse, the female will probably be infected by it.—*Archives Générale de Médicines, Aout.* 1840.

ON SPONTANEOUS COMBUSTION OF THE HUMAN BODY. BY DR. JACOBS, OF EUPEN.

From twenty-eight cases of spontaneous combustion collected by the author, he concludes—1. That spontaneous combustion always occurs in living human beings, never after death, nor in the lower animals; 2. The subjects were generally very old, the two youngest being fifty and twenty-nine years of age; 3. Women are most frequently the subjects, it having only occurred in two men; 4. It was once preceded by jaundice, once by a malignant ulcer on the head; 5. All the persons were alone at the time of the occurrence; 6. They led an idle life; 7. All were very fat, except three very lean females; 8. Almost all were intemperate; 9. Most frequently a light, or some ignited substance, was near at the time of the accident; 10. The combustion proceeds very rapidly, and finishes, in seven, three, and two hours, and even in one hour; 11. The flame, difficult to be extinguished by water, was very mobile, only destroying the

objects placed very near, or in immediate contact with the burning body; 12. The room in which the combustion took place was usually filled with a thick vapour, and the walls covered by a black carbonaceous substance; the floor, ashes, and bones, imbued with a fat and fœtid moisture; 13. The trunk was most frequently completely destroyed, some parts of the head and extremities usually remaining; 14. This combustion has occurred, with only two exceptions, during a cold temperature, in winter and in the northern regions.—*Bulletin Générale de Therapeutique, Mai 15 and 30th*, 1841.

ON THE CURE OF OZŒNA.

Dr. Detmold, of Hanover, says he has never failed to cure ordinary ozœna, (by which he means the chronic coryza, accompanied by a fœtid discharge from the nose, and a flabby relaxed state of the Schneiderian membrane) by the use of an injection composed of one or two drachms of chloride of lime, rubbed up in a glass mortar with thirteen ounces of decoction of Rhatany root, and strained off after standing for half an hour. About half an ounce of this must be injected into the nose three or four times a day with a syringe, whose point is sufficiently long to carry the fluid high up into the nasal passages. The use of the remedy should be accompanied by the occasional administration of purgatives. It is very beneficial also in cases of chronic otitis with offensive discharges from the ear.—*Holschers's Annalen Brit. and For. Med. Rev.*

PRURITUS SCROTI CURED BY THE EXTERNAL APPLICATION OF LEMON-JUICE.

Doctor Oppler, of Tarnourtz, relates in the *Berlin Medecin Zeitung*, for June 1841, a case of this distressing disease, which had obstinately resisted all internal and external remedies for ten weeks; but finally yielded completely to a wash of diluted lemon-juice.—*Brit. and For. Med. Rev.*

DISEASES OF THE TONGUE.

By W. T. KAY, Esq., M.E.S.L., &c.

This organ s very vascular, and is subject to various diseases, as inflammation, ulcers, cancers, paralysis, tumours, and a rapid swelling of it, sometimes causing imminent danger of suffocation.

When any morbid action is set up in the tongue, many things continue to maintain it. "The extreme mobility of the organ; the almost continued use of it in eating, drinking, and speaking; the contact of the teeth, which are often irregular and decayed, are quite sufficient to interrupt any efforts to restore a healthy action. It often happens, too, that the part is very tender, that the patient cannot bear to cleanse the mouth and teeth, which soon become incrusted; and, from this source alone, the complaint will be greatly aggravated, and the discharge rendered fetid and irritating."* The matter, with which the teeth become incrusted in these cases, is composed of phosphate of lime and mucus; and in a case recorded by Paletta, the quantity of it was very considerable. Mr. Earle mentions a case of a boy, in whom "clusters of very minute semi-transparent vesicles pervaded the whole thickness of the tongue, occupying nearly one-half, and projecting considerably both above and below that organ. The slightest injury caused them to bleed profusely, and, in some places, the clusters were separated by deep clefts, which discharged a fetid irritating sanies. This disease, which had resisted various plans of treatment, both local and constitutional, gradually yielded to perfect quiet, cleanliness, and large doses of hyosciamus, which were increased to 3j. of the extract daily."† The same medicine, he says, he employed with most unequivocal good effect in many cases of ragged irritable ulcers of the tongue.

Sir B. Brodie mentions a case of a boy whose tongue was much inflamed and swollen; he had been eating salad, and thought something had pricked it; the tongue was swollen to so great a size that he could not speak, and was very painful; the next day the swelling had nearly subsided. Sir B. Brodie suspects it had been stung by an insect—the prick of a thorn and a sting will produce sudden effects.

The whole of the tongue sometimes inflames, and becomes considerably enlarged, either spontaneously, and without any apparent cause, or in consequence of some other disease; or else from some particular irritation, such as that of mercury; or some poisonous substance. Slegel, who was at Paris about the middle of the 17th century, saw a patient in a salivation, whose tongue became so enormously enlarged, that the mouth could not contain it. Simprenelli, an eminent surgeon of that time, was sent for, and finding that all trials to relieve the affection were in vain, amputated one-half of the tongue, with a view of preventing its mortification. After the wound had healed, it is said, the patient could articulate very well. Louis, from whom the fact is quoted, justly remarks, that the measure resorted to by Simprenelli was an exceedingly violent one, for he had often seen urgent symptoms occasioned, during a salivation, by a rapid and enormous swelling of the tongue, quickly yield to bleeding, purgative clysters, change of air, and the discontinuation of mercury.

Chronic Inflammation of the tongue accompanies another disease. In dyspeptic persons you see the tongue enlarged and its vessels gorged; the indentations of the teeth shows enlargement of the tongue; naturally it fits exactly in the space bounded by them, when swollen, it becomes fissured and cracked. These patients are generally dyspeptic, and no other treatment is necessary except such as the original complaint requires; circumstances, however, may aggravate this condition. Accumulation of tartar on the teeth may produce soreness and ulcers, but if you scale the teeth, aggravation subsides. The tongue is occasionally affected with a *true* cancerous disease; one of the most afflicting cases, indeed, which can possibly happen, as may be conceived, when it is known, that, in the advanced stage of the disease, the patient can hardly take his food, which must be conveyed over the tongue by some means or another before it can be swallowed, while he is obliged to write whatever he wishes to say.‡ *Cancer* of the tongue seems to differ from other carcinomatous affections, in sometimes occurring in youngish subjects.

In the course of the disease, the glands behind the jaw and in the neck become affected. M. Louis saw a lady who had an ulcerated cancerous tubercle on the left edge of the tongue. The little swelling was circumscribed; its size did not exceed that of a filbert; the pains were lancinating, the sore had penetrated deeply, and its tuberculated edges were affected with scirrhous hardness. Extirpation of the disease seemed to present the only chance of cure, but the patient refused to accede to anything but palliative plans, and she died in the course of a few months.

One of the best descriptions of cancer of the tongue, is that of Mr. Travers. The disease, he says, is not a smooth and firm rounded tubercle, such as is often met with in this organ, but an irregular rugged knob in its first stage, generally situated in the anterior third, and midway between the raphé and one edge. It sometimes, but seldom, extends across the middle line, although it often extends alongside of it. The hardness is unyielding, inelastic, and the mucous surface puckered and rigid. It also gives to the finger and thumb of the surgeon the sensation of solidity, or of its penetrating the entire muscular substance, being perceived equally on either surface. Sharp shoots of pain are felt through the side of the affected organ, towards the angle of the jaw and ear. The disease tends to run backward towards the base or posterior edge. It sometimes acquires great bulk before ulceration takes place, so as to project the tongue from the mouth. In this state, a female patient of mine was seen sometime ago in St. Thomas's Hospital, in whom the permanent projection of the diseased organ, beyond the widely distended lips, was from three to four inches. Life was sustained for a time by nutritive injections. The ulceration often extends from the edge of the tongue to the membrane of the mouth and gums, when the elevated and distended membrane at length gives way, and ulceration is rapid. The surface of the ulcer is very uneven, clear and bright granulations appearing in parts, and in others deep and sloughy hollows. The darting pain is very acute, but only occasional. There is a dull aching always present, and as constant a spitting as in deep salivation. The irritation is such as soon impairs the powers of life. It happens to strong and hitherto healthy persons, for the most part males, from the age of forty upwards. There is generally an evening paroxysm of pain; and the nights are much disturbed by the secretion accumulating in the throat, and exciting cough. Often the patient is roused by a painful compression of the tongue falling between the jaws. The leaden hue of the countenance, the loss of flesh, and difficulty of taking food, although symptoms of the advanced stage of the disease, are observed long before the appetite or muscular powers fail in proportion. Frequent moisture with mild fluids, as tepid milk and water, or confectioners' whey, is grateful to the patient. Towards the fatal termination of the disease, occasional profuse hæmorrhages take place at shortening intervals, and alarm and weaken the patient, who ultimately dies tabid and exhausted, generally with symptoms of more extensive disease of the mucous membrane in other parts.§

Forestus relates the cases of four women who were attacked with cancer of their tongues, and died from the ravages of the disease and hæmorrhage. In the writings of Hildanus, there is a description of the origin and progress of a cancerous tubercle on a young man's tongue, whose breath was intolerably fetid, and who died in the most excruciating pain. The same author informs us of another case, exhibiting the good effects of sedative remedies in palliating a cancerous ulcer of the tongue, and the fatal consequences of an opposite line of conduct.‖

M. Louis recommended the use of the vulsellum, and when the diseased portion is favourably situated, and not extensive, Mr. Liston prefers the vulsellum and knife, "there being no great difficulty in holding the organ so as to secure any vessel, or take other means of arresting the flow of blood."¶

When any part of the tongue has been amputated, the bleeding vessels are to be tied, if possible; but when this cannot be accomplished, powerful styptics are to be applied, and if these fail, the actual cautery. When only a piece of the tongue is cut out in the shape of the letter V, the best method of stopping the bleeding is to bring the edges together with a suture; by which means the deformity will be also lessened, and the union expedited. Rather than suffer a patient to die of hæmorrhage, if the cautery and other means fail, the lingual artery should be taken up where it passes over the cornu of the os hyoides.**

Diseased portions of the tongue may be removed by ligature. Sir E. Home generally passed a double ligature through the centre of the tongue, behind the diseased portion, and then tied the threads tightly over each half of the organ, so as to make all the part in front of the constriction slough away. If a large portion of the tongue is involved, Mr. Liston has recourse to ligatures: "these are passed wide of the disease, by means of needles fixed in handles, the perforations for the thread being close to their points. Two or more ligatures are introduced, and by these others and stronger ones are

* H. Earle, Esq., Med. Chir. Trans., vol. xii., p. 283.

† Med. Chir. Trans., vol. xii., p. 285.

‡ Iome's Pract. Obs. on Cancer, p. 112.

§ Med. Chir. Trans. vol. xv., p. 245.

‖ Cooper's Surg. Dict., p. 1246.

¶ On Pract. Surgery, p. 253.

** Cooper's Surg. Dict., p. 1247.

drawn through and tied, so as to strangulate the whole base; with the view of saving pain, and abridging the process as much as possible, they should be drawn with extreme tightness. The salivation is most profuse, and the discharges and effluvia very offensive. Some lotion to correct this as much as possible may be prescribed, and, after the separation of the dead part, the healing promoted by all possible means. Tumours situated on the posterior part of the tongue, and projecting from it, may be thus removed, care being taken, in introducing the needles, to guard with the finger the epiglottis, &c.*

All stimulent applications, as myrrh, borax, alum, zinc, and copper, aggravate the malady. Mr. Travers thinks that a wash made of aqua calcis ℥ij., and hydr. chlorid. ℈ss, suspended in it by means of mucilage, is the best application.

THE PHILOSOPHY OF MEDICINE.

Translated from the French of Dr. Bouillaud, Professor of Clinical Medicine to the Faculty of Paris.

CHAPTER II.—ON THE ESSENTIAL QUALITIES OF DISEASES.

The essential qualities of diseases offers a problem closely allied to that of their causes. Now, if it be unfortunately true, that in the actual state of science, the mechanism of a great number of causes is enveloped in the most profound obscurity, it follows that the same darkness must surround the essential nature of the diseases resulting from them.

However this may be, the discovery of the nature of diseases has, at all times, excited in a most lively manner the attention of physicians. We will, therefore, explain the results which have hitherto been arrived at in this difficult subject.

From Thémison down to Broussais, all the writers who have had the courage and power of mind to search into the nature of diseases in general, and to class or arrange them according to that nature, have arrived at conclusions which, in reality, differ but little from one another. All have reduced the countless variety of diseases to a very small number of classes. Thémison limits them to two heads, the *strictum* and the *laxum*. Brown classes them in the same manner, and hence we have his division into sthenic and asthenic diseases. Bichat and many authors of his school arrange them under three classes; viz., those through augmentation of the vital principle; those through diminution; and those through alteration. Lastly, M. Broussais has brought internal diseases under two great divisions; one of which includes irritative maladies, and the other diseases in which the excitation is under the normal condition. The doctrine of excitation in Italy is similar to that of our illustrious reformer.

Pinel, who affected a sort of disdain for researches on the essence of diseases, had nevertheless, without knowing it, adopted it as the basis of his celebrated nosological pentateuch. Now, 1st, if in the system of Pinel we omit the class of continued fevers, which all now know belongs to the phlegmasiæ; 2ndly, if we attend to the fact, that the classes of nervous diseases, and those of organic lesions, are composed of maladies, of which some certainly belong to chronic phlegmasiæ, some to a simple augmentation, or to a diminution of the normal excitation, and others finally to diseases purely physical or mechanical; if we proceed thus, we shall see, that, in this last analysis, the system of Pinel is not at all wider than that of any who have preceded or followed him.

Let people declaim as they please against the generalizations and the classifications of which we have spoken, they yet must repose upon some foundation of truth, since they thus palpably reproduce themselves in the various epochs of medical science.

But it is a reproach that one may apply to the greater part of the more modern classifications and systems, that they embrace only the diseases called *vital*, and altogether omit those which consist of purely physical and mechanical lesions, such as the vices of number, position, conformation, continuity, &c., &c.

Besides this fault of most of the nosological systems, based upon the essential nature of diseases, there is also another which we must point out. These systems, founded, as we have said, on the exclusive consideration of the vital properties or powers, such as sensibility, contractility, tonicity, irritability, excitability, &c., rest moreover on the following principle—that vital phenomena are governed by laws, and by powers essentially different from those which regulate physico-chemical phenomena. Now, there is in this, as we have proved, a grievous error. In fact, the lesions of the vital properties which have been taken as the foundation-stone of the most celebrated classifications, are themselves frequently but modifications, unexpectedly arising in the physical and chemical conditions of organs.

Besides, it is evident, that if we should continue to use exclusively such a basis of classification as the lesions of vital powers, diseases must be always confined to the three following classes of Bichat—1st, augmentation; 2ndly, diminution; and, 3rdly, alteration of these properties.

But such a classification would not satisfy accurate minds, at a period in which the application of the physico-chemical sciences has, so to speak, changed the face of medicine. This was well perceived by M. Broussais, when he designated organic action by the name of vital chemistry; yet we are unfortunately forced to acknowledge, that observation and experience have not yet thrown sufficient light upon the nature of diseases, to enable us to flatter ourselves with possessing all the elements necessary for a good classification of maladies of a physico-chemical nature. We do not hesitate, as one may see, to avow the little advanced state of animal chemistry, and natural philosophy in general; but we do not the less continue to maintain, with the most perfect conviction, that every nosological classification, in which the physico-chemical nature of diseases shall not enter as one of its bases, will be necessarily imperfect, and purely evanescent. On the other hand—the influence of mechanics, of physics, and of chemistry being admitted,—if some other element of classification should be found in the nature of diseases, certainly we should never object to a due account being made of it.

In supposing that there may be such an element taking the name of vital or nervous maladies,† diseases become reduced to the three following grand divisions—1st, the mechanical, embracing solutions of contiguity, of continuity, dilatations, contractions, &c., produced by any mechanical powers; 2ndly, the physico-chemical, comprehending all the lesions that can befal the solids and liquids considered in their chemical composition, and in certain dynamic conditions, which, like electricity for example, are not appreciable by the senses; 3rdly, the vital, containing the diseases which do not enter into the preceding divisions, and which, if they are not purely imaginary, consist in a lesion of the peculiar dynamic principle, of which the nervous system is the depository.

Like the mechanical, the physico-chemical class embraces a great number of different diseases, and among others, all those that some attribute to augmentation, diminution, and alteration of secretion and of nutrition.

The class of physico-chemical lesions contains in particular, that great order of diseases, which for ages has been known under the name of inflammations, phlegmasiæ, phlogosis, and irritations; for these maladies consist evidently in a local or general augmentation of the excitor principle of life, with more or less alteration of structure or composition in the parts affected.

This same class comprehends also those local and general alterations, produced by certain agents, whether specific or not, such as putrid miasms, food of bad quality, &c., whence arise those fermentations, those general and local infections, gangrene, scurvy, and so many other diseases, which consist essentially in more or less of hæmatosis.

I shall confine myself to these very general considerations upon the essential nature of diseases, and their classification based upon that nature, and proceed in the next chapter to consider the seat or localisation of diseases.

* Liston on Practical Surgery, p. 250.

† I say vital or nervous, because in reality, if there exist a vital principle essentially different from physical power, it is in the nervous system that it must be placed.

POISONING BY TINCTURE OF CANTHARIDES.

By J. C. CHEESMAN, M.D.

A woman who had been admitted to the hospital on account of a wound of the labium, was ordered to take ten drops of the tincture of cantharides three times daily, to relieve the inability she felt to pass her urine. This was on the 12th of November, and it was discovered next morning by half-past six o'clock, that she had, about midday of the 12th, swallowed the whole quantity ordered, as she thought it would cure her sooner. It was remarked by several persons in the ward, that, during that afternoon, she appeared as if intoxicated or crazy. Her condition in the morning of the 13th was as follows:—Excruciating pain was felt over the whole abdomen, which was increased on pressure. The pain, however, was most severe over the hypogastric region and *scorbiculus cordis*. The abdomen was swollen to the size of that of a woman at the full period of utero-gestation, tense and tympanitic. The pulse was not much accelerated; the tongue was pale and dry; the face flushed, and the expression anxious. During the night she had passed about a pint and a half of urine, which was mixed with organized lymph, and a substance resembling what is called mother of vinegar. A pill consisting of one grain of opium and two of camphor was administered every hour, flax-seed tea for drink, and the hip-bath.

At 6 P.M. she was very feeble; the pain in the abdomen was still more severe than in the morning; the pulse was scarcely perceptible, and the extremities were cold. Hot bottles were applied to the feet, and hot fomentations to the abdomen.

At 11 P.M. her pulse had become fuller, and as the pain still continued severe, twenty leeches were applied to the hypogastric region, and afterwards a large poultice; the urine was drawn off with a catheter, and the camphor and opium pills were continued throughout the night.

On the 14th she was delirious. The swelling of the abdomen had somewhat diminished, and the pain, which had abated, was not increased on pressure. During the night she had passed some urine naturally. By the evening the delirium had disappeared, and she complained only of pain in the region of the kidneys and bladder. Twenty drops of solution of morphia were ordered.

The pain and uneasiness after this continued to subside, and by the 27th had entirely disappeared, together with all other unpleasant symptoms; and on this day she was discharged at her own request, though her urine had still to be drawn off with the catheter.—*New York Jour. of Med. and Surg.*

TO CORRESPONDENTS.

BOOKS RECEIVED.—*Dr. Catherwood on the Lungs.* Duncan and Malcolm.—*Parkin on Gout.* Hatchard.—*Sharp on Injuries of the Head.* Churchill.—*Dr. Combe's Physiology applied to Health and Education.* Simpkin, Marshall, & Co.—*Dr. Combe on the Physiological and Moral Management of Infancy.*—*Parkin on Epidemic Diseases.* Hatchard.

MR. J. HODGSON *writes*:—"*Last week I was called to attend Mr. Poulter and his son, of the Virginian Planter, Gibraltar-walk, Bethnal-green-road, when, after two or three days, much to my astonishment, I was told that I might discontinue my visits, as the distiller, Mr. Curtis, of the Mile-end-road, had called in for orders, and having ascertained that the landlord and his son were indisposed, had presented them with an out-patient's ticket for the London Hospital, where they could consult his physician, Dr. Gordon, and procure their medicine gratuitously.*"—*We must notice ere long these gross abuses of medical charities, which are becoming less rare every day.*

J. F.—*We have forwarded the missing Number. Our Correspondent at Southwold is informed that we are preparing to supply the want he speaks of. We shall take care to send him early copies.*

A. S., CHERTSEY.—*We do not clearly understand our valued Correspondent. As far as we see we must give our best thanks and decline.*

We return our acknowledgments for the copies sent us of the 'Gateshead Observer and Northern Advertiser.' We had a Correspondent on the spot.

Dr. H., *of Nobber*—Mr. D., *Hawick*—Mr. F., *of York*—Drs. B. & S., *of Exeter*, safely *arrived. Our Correspondents must pardon the liberties taken with their communications. The modest and complimentary part of two letters allow, on an average, room for an interesting case.*

Dr. G., of NEWCASTLE, *is informed that our Journal is always ready for the Booksellers early on the Friday morning.*

We cannot do more than express our deep regret at the disappointment experienced by our Subscribers in the past delivery of their Numbers, and beg them to send notice of any deficiency to our Publisher, who has orders to supply them immediately. We have taken the most decisive measures to prevent a recurrence of this irregularity.

THE MEDICAL TIMES.

SATURDAY, OCTOBER 23, 1841.

Multa senem circumveniunt incommoda vel quod,
Quærit et inventis miser abstinet ac timet uti;
Vel quod res omnes timidé gelideque ministrat
Dilator, spe longus, iners, pavidusque futuri,
Difficilis, querulus, laudator temporis acti
Se puero, censor, castigatorque minorum.

HORACE.

WE have read with some amusement and no slight interest the letter of Dr. Kerrison on Medical Reform, which, for some unexplained reason, has found its way into one of our weekly contemporaries. It may be considered an excellent specimen of that struggle between precedent and right reason, which must exist as by a law of nature in every declining patriarch of moderate enlightenment. It characteristically, but amiably proposes a feeble and hesitating compromise between the order of things which long habit has incorporated with the writer's being, and that new state of arrangements for an altered state of society, which the natural sense of right and wrong authoritatively represents as alone compatible with practical fairness and equity. Bespeaking all our reader's charity for it—we give the Doctor's letter:—

"Having entered the medical profession in 1790 by the usual routine of an apprenticeship to a gentleman who had been (in 1780) a pupil of the Borough Hospitals, and having attended the anatomical lectures and demonstrations of the Hunterian School during the customary period, and also availed myself of other sources of instruction, I became a practitioner in pharmacy in London at the beginning of the present century.

"Diligence and care, with such attention to the proprieties of life as is usual in members of our profession, led, in due time, to extensive occupation, and, of course, to an acquaintance with the general condition of the medical profession."

The Doctor then enumerates some efforts of his for reform as early as 1812 and 1814, indulging a very delightful egotism excusable enough in one who entered the profession in 1790, but which it would be scarcely excusable in us to publish. He proceeds:—

"The progress of time, and retirement from pharmacy in 1820, may have rendered me less active in that which has been vaguely called, "medical reform;" but I have not been indifferent to the subject, nor unmindful of the just claims of my brethren, as may be seen by reference to the MEDICAL GAZETTE of August 19, and October 21, 1837, and September 15, 1838.

"The expression 'medical reform' might seem to imply merely an improvement in the medical qualification of 'general practitioners.' This, I think, has been accomplished by the Apothecaries' Act of 1815; but medical reform has, in my opinion, a more extensive import; namely, the just remuneration of medical services on public and private occasions; and I take upon myself to express, with more boldness than younger men of equal attainments might assume, my conviction, that in the case of parish paupers, the usual pecuniary remuneration is a small, or fractional part, of their just due, for the extent of services required and performed.

"It is the duty of heads of departments, that is, of the President and Council of the Royal College of Surgeons, and of the Master and Wardens of the chartered Society of Apothecaries, to represent to the Secretary of State for the Home Department, that, as no person can be employed who has not received a good preliminary education, and passed the examination at their respective Boards, it is incumbent upon that minister, and I believe the present minister is disposed to perform his duties frankly and honestly, to recommend to the respective Boards of Guardians of the Poor, and to insist that his recommendation be attended to, that every medical practitioner employed in their district shall be remunerated upon equitable principles, according to the extent of services required of him—not upon the present scheme of eager competition by necessitous persons, or others, who from contingent circumstances, distinct from public usefulness, might offer to perform the duty for a trifle, or even for nothing; but, that a just and reasonable payment should be made, and the same become an item of parochial charge, to be levied by a rate in the customary manner of providing for other requisites for the service of the poor.

"I would recommend, that a committee of five general practitioners of high character be formed in London; that every medical attendant of every Parish Union in England and Wales, be in communication with that Committee; that a very correct and authenticated statement of the average number of poor, and the extent of the visiting surgeon of each district, be described; and that this committee, or a deputation from it, be directed to wait on the Secretary of State of the Home Department, with these details, and to make a respectful appeal to his sense of justice for an equitable consideration of the whole subject in Parliament. I beg, most seriously, to caution the surgeons of parochial unions against confiding their interests to political partisans, or to democratic brawlers; their case is too good and too strong, under right management, to hazard defeat by being made a subject for the display of party controversy.

"I shall be happy to see this subject treated by more able hands, and remain, Sir, your obedient servant,

"ROBERT MASTERS KERRISON,
"M.D., F.R.S."

"12, New Burlington Street, October 7, 1841."

"P.S.—I have been a licentiate of the Royal College of Physicians in London near twenty-one years; a graduate of an University (Edinburgh) where the sciences are taught; *but it has so happened* that I have not yet had the honour of an admission to the Fellowship, although the circumstance of having been a practitioner in pharmacy has long ceased to be an objection; judging from the fact, that other gentlemen have been admitted, whose early professional life had been so devoted, of shorter standing as Licentiates, and not more distinguished for those attainments which used to be considered most acceptable to that learned body." (!)

"This omission *may* have been *casual;* it has never been a subject of remonstrance nor of reproof. *I have always considered that the control of the medical profession in the metropolis of England ought to be vested in Graduates of the English Universities, with a discretionary power.*"

This is a rather extraordinary "consideration" from a non-graduate, remonstrating by a *non "remonstrance"* on his *"casual omission"* from a share in the control with *discretionary power* over the "medical profession." The *naiveté* of the whole postscript richly deserves a fellowship—making even allowance for the disqualification presented by his possession of "attainments" distinguished above the average degree. But if the present College overlook him, the sentence which follows will recommend him, we trust, to the Reformed Body.

"It is true that the altered condition of society by the extension of general knowledge, the establishment of collegiate institutions in London, and the scientific progress of the Members of the Apothecaries' Society, must not be disregarded by the Royal College of Physicians, if they desire to maintain that superiority in the estimation of the public which they have hitherto enjoyed.

"These are general principles; I am not, of course, acquainted with the arcana of the College, nor the arguments employed in discussion. I hope that the President and senior Fellows are not unmindful of the changing state of human knowledge from *words* to *things;* but

they must never cede to clamour, within or without their walls, that which is contrary to their own conviction of right. (!!)

Without criticising the Doctor's style of handling his pen,—which indeed like Priam's mode of wielding his spear, disarms opposition—there is one opinion expressed on the alliance of Medical Reform with political parties, which, as entertained by younger and more influential individuals, calls for a remark.

We strongly concur in the opinion that such an alliance is not only unjust but fatally impolitic. Our cause has no connection naturally, and it must have none forced on it, with the squabbles of politicians. Whatever the variety of their opinions on National Government and its proper administrators, that variety offers no reason why there should not be amongst them the most perfect harmony as to the form of government, and the character of the administration, that ought to be provided for the medical community. Our question is a *social*, a purely social question, presenting the same aspects and interests to the honest politicians of either party—and their united harmonious assistance is essential to its success. But in proportion as we thus see reason to denounce the intermixture of party politics, the more are we obliged to condemn our worthy friend, Dr. Kerrison, who, while agreeing with us in our general principle, yet allows himself to declaim against accepting the aid of "democratic brawlers." This sentiment, so unworthy of a man who affects to seek Medical Reform in the first place, finds, of course, a willing organ in the 'Medical Gazette,' a journal which, we must be allowed to say, is in the habit of following the worthy Doctor with wonderful faithfulness through all the mazes of his respectable senility. It is a sentiment also entertained by not a few of that section of our body who ground their claims to distinction less on any scientific attainments than on artificial and ill-lacquered pretensions to gentility; and we believe we cannot better discharge our duty to the public than by broadly denouncing it as the most mischievous and dangerous delusion under which a sincere Reformer can labour. Where, permit us to ask, if one portion of us decline the aid of the Liberals as "democratic brawlers," and the other, following, reject the assistance of the Conservatives as lukewarm and insolent aristocrats—where will be the party on whom we are to rely to carry Medical Reform? We give our strong caution to the profession against any man who will not take social aid from a political opponent. He adopts the only means we know of by which our cause can be defeated.

In wishing a long good bye to our good Doctor—who if a Reformer, as he says, 40 years ago, proves that Reform principles, like their entertainers, grow nothing the better sometimes by growing older—we beg to whisper in his speaking-trumpet a piece of information which will secure for us, if not *his* gratitude, at least that of all those who wish him well—

> Lusisti satis, edisti satis,———
> Tempus abire tibi est.

If mutual toleration in difference of opinion be, as we believe it, the measure of enlightenment and true wisdom, we cannot too strongly recommend the proceedings of the North of England Medical Association, as well to the best imitation as attention of all similar societies. The temper, the fairness, and spirit of mutual concession displayed alike by the Council and General Meeting are beyond all praise.

The gentlemen who have the guidance of the body have acted, we frankly confess, with a tact and statesmanship which we did not expect; but which the less we expected, the more we admire. They have evidently learned to feel—what we have long been convinced of—that the first step towards any real efficient change is the generation of harmony among all classes of Medical Reformers—and that as it would be mere drivelling folly to ask yet for unity of opinion, they ought to content themselves for the present with securing its great precursor—unity of deliberation. They have therefore adopted the most comprehensive and catholic scheme of inclusion compatible with the non-abandonment of the main principle of their Association; they put forth no *shibboleth* to be taken on admission; ask no profession of faith in details to be made at any period of continuance; and have thus enabled themselves to receive the aid of every member of the profession, provided he agree with them in the single point of aspirating real substantial Reform.

We consider, as we have said, that this was wise and statesmanlike in our northern friends; for if one thing be clearer than another in the existing agitation, it is, that in its present stage a Medical Association, to be useful, must possess much more of the deliberative than the executive character. The question of Medical Reform brings into play such a vast complexity of interests, and presents itself under such a variety of countless aspects, that an approach to uniformity of sentiment as regards either the essence or accidents of the required changes, cannot sanely be expected till the whole subject has been long prominently before the public, and all its details carefully and amply deliberated on by at least the great bulk of the profession; a result, we need hardly say, not to be obtained by one or two scattered annual meetings, and the stray advocacy of a few feeble and conflicting Journals. Power, we fully admit, is an essential element in all associations—but in their early stages it can never be but a latent power. Its development is slow, never faster than the diffusion of light and harmony among the members. If the directors, therefore, of Reform Societies are wise, they will imitate our friends in the North, and consider their institutions rather as means for schooling their own members into enlightenment and unity than as direct and immediate instruments for acting on and influencing external agencies.

In the same spirit of liberality which has thus won the expression of our warm praise—we find the Association opening their doors to the public, and submitting two schemes of reform for the consideration of the members.

No two measures could be wiser. By the first they secure the aid of the reflecting portion of the lay community, who are infinitely more interested in the question than the most zealous reformer in our own body, and without whom we can achieve nothing worth struggling for. By the second, they do what lies in them to arouse a better consideration of the subject, and to elicit what we much want—such an expression of opinion as may enable us to fix decisively the nature of the reform which the intelligence of the great majority of our body requires.

And now comes the question. What are we doing elsewhere? what is London doing? and what Bristol? what Exeter? Is the west always to receive, and never to send forth wise men? We grieve to say—no satisfactory answer. Verily! REGENERATION IS OF THE NORTH.

Our 'minor' friend, 'the Provincial,' has indulged this week in some surprisingly fine language. In an attack on what really calls for an *attack*—we mean our London factories, in some cases, scarcely subterraneous, where the dead are made to work day and night to putrify the air of the living—the writer indulges in the following coherent train of lofty thoughts, given by us, we may say, *verbatim et literatim*:—

"Let it but be shown that the living mus suffer *in their own persons!* from the mischiefs so long tolerated by the apathetic, or encouraged by the interested, and the entire neighbourhood of these pestiferous localities will at once arise in virtuous indignation at the profanation which has been so long allowed to pass unheeded!"

He proceeds to effect this thus:—

"Without going to the extent of attributing the generation of fever to the noxious *effusion* and *emanations* with which the soil and the air become saturated, we cannot doubt that the *depressed state*, (of what?) both of the *mental* and *bodily powers*, must materially contribute to favour the spread of any epidemic or contagious disease, and to increase its mortality! (What follows?) In Clement's-lane, which seems to be peculiarly exposed, (to what?) no less than four burying-grounds, some of them in the worst possible condition, are found in a distance of about 200 yards, and the living breathe on all sides an atmosphere impregnated with the odour of the dead. In this locality, in the midst of a densely crowded population, typhus fever rages in its aggravated form, and makes the most destructive ravages."

Yet fever had nothing to do with "noxious effusion, &c." We have really read nothing so fine and closely connected since Swift and Pope's mock canzonet, beginning:—

"Cupid spread thy gentle pinions,
Purple, fluttering round my heart;
I a slave in thy dominions,
Nature must give way to art."

WESTMINSTER HOSPITAL SCHOOL OF MEDICINE.

On Wednesday evening, Dr. Brooks gave an introductory lecture at the Theatre of this Institution. This was the commencement of a course of lectures on Physics, which promises to be very valuable. The lecturer touched upon some of the most important phenomena connected with physical science, and related the vast and important improvements which had of late years been made in physics, illustrating this part of the lecture by short and interesting anecdotes. In alluding to the Daguerreotype, he happily declared that we had in it nature as the artist, and science the engraver. He then pointed out the close connexion existing between this branch of knowledge, and those to which the attention of the medical student was more particularly directed, and proved that an acquaintance with the laws of Natural Philosophy would have prevented many of the fatal results which have occurred in recorded medical practice; as one instance, he mentioned an accident that occurred at the old Westminster Hospital. A surgeon in bleeding a man from the jugular vein, incautiously removed his thumb from below the aperture, and instant death was the result. The Doctor asserted that had the operator been acquainted with hydrostatics this could not have happened.

The lecture was well attended, and the Doctor was received throughout with bursts of applause.

ASSASSINATION BY A QUACK DOCTOR.

(Authenticated by a Correspondent.)

Mrs. Chymist, afflicted with a cancer in her breast, left Cheshunt about six weeks since, and proceeded to Hertford, to procure the benefit of the advice of *Dr.* Isaac Chambers, a journeyman butcher, who had given himself his own qualification, and won considerable practice. At the time of placing herself under his care, the cancer showed two small wounds about the size of a pin's point, but, by the doctor's ointments, cutting, scraping, &c., a wound was produced 8½ inches long by 4½ wide, which, coupled with an advanced stage of pregnancy, led to her death on Friday last. She died expressing to the last the most unabated confidence in her medical adviser. The jury have found a verdict of Manslaughter against Chambers.—[We have here an early illustration of those empirical evils on which we touched last week. —Ed.]

MEDICAL NEWS.

Ireland is full of small-pox, the fruits of unprincipled venders of infection, who thereby profit by a horrid trade.—*Enniskillen Reporter.* [The authorities should see to this. The vagabonds are punishable according to the 3rd and 4th Victoria.—Ed.]

Dr. Robert Cowan, Professor of Medical Jurisprudence in Glasgow University, died suddenly on Saturday, having paid his professional visits during the day.

MEDICAL REFORM.

GRAND MEETING OF THE NORTH OF ENGLAND MEDICAL ASSOCIATION.

[From our own Reporter.]

A General Meeting of this Association was held in Durham, on Wednesday the 6th instant, the report of whose proceedings arrived too late for insertion in our last number.

William Green, Esq., a Vice-President of the Association, was called to the Chair. There were present with him Drs. De Mey, Glover, Charlton, Knott, Fife, Trotter, Nicholl, and Greenhow; Messrs. Morrison, Carter, Potter, and a number of other Gentlemen, forming the élite of the profession in the Northern Counties.

Mr. Carter, of Newcastle, the Hon. Sec., read the following

REPORT OF THE COUNCIL.

The Council are happy to have an opportunity of meeting the members of this Association in the ancient city of Durham; and although it is not incumbent on them, upon this occasion, to supply a formal Report, they trust that the following statement may not be uninteresting.

Concerning the progress of legislative proceedings in connexion with the question of Medical Reform, the Council have nothing very decisive or satisfactory to relate. The Medical Profession Bill, which was introduced during the last session of the late Parliament, after being repeatedly set down for a second reading, was withdrawn, in consequence of the very unsettled state of political affairs which preceded the dissolution of that Parliament. This circumstance, though productive of temporary disappointment, need not perhaps be matter of deep regret; for it was not to be expected that a Bill could have passed the Legislature during the session, and the consequent delay, added to the frequent discussion of the subject of Medical Reform, occasioned by the promulgation of the schemes of Mr. Warburton and Mr. Hawes, and other documents, may eventually be of service in procuring a measure which may be satisfactory to the profession at large. The question is one of great difficulty. Many conflicting interests are involved in its settlement, and much information is wanting to enable the Legislature to arrive at a correct and unprejudiced view of its complicated bearings. The Council are persuaded, nevertheless, that it is gaining ground. The late general election has afforded an opportunity of explaining its merits to Members of the New Parliament. Many honourable gentlemen have received deputations, and have expressed, not only their willingness to attend in their places in the House of Commons, whensoever matters relating to the profession are brought forward, but their desire to be made acquainted with a subject of such vast importance, not to one, but to every class of the community. It is sincerely to be hoped, therefore, that when again introduced, the question of Medical Reform may meet with a degree of consideration commensurate with its intimate relation to the well-being of society.

Within the last few months, certain indications of a reforming spirit have been observed in some of the medical corporate bodies. The College of Physicians of London has begun the adoption of a more liberal policy than has hitherto marked its history. The exclusive privileges of graduates of the English Universities has been abolished. The College has been thrown open to its members. The obnoxious appellation of "LICENTIATE" has been abandoned, and a system of representative government introduced. Such changes are gratifying proofs of the progress of Reform, and might afford a sufficient answer to those timid and desponding persons who find an excuse for their own apathy, in representing the efforts of Reformers as visionary and useless. The Council give the College of Physicians credit for their late proceedings, although forced upon them by the influence of public opinion, and of wide-spread discontent in the profession; and when they find amongst those who have been assisting in the work, the names of Kidd, Seymour, Latham, Watson, and Williams, they cannot but hope for still further concessions to the reasonable wishes of the professional community.

The College of Surgeons has yet made no declaration of its intentions, although rumour states that some internal movements are going on in that institution also; and the well-known liberality of a portion of those gentlemen who are at this time members of its Council, induces a belief that it cannot long remain in its present unsatisfactory condition. The most eminent of its Council have publicly declared the necessity of amendment. The complaints of its members have been acknowledged to be well-founded, and the defective working of this and other of the Medical Corporations has been fully exposed. What can be more absurd or more detrimental to the efficiency of the profession, than that its members should emanate from a variety of institutions, each of which has power to make its own regulations, irrespective of the rest—responsible only to itself! Institutions connected together by no common link, and too often engaged in unseemly competition, or actuated by feelings of jealousy towards each other; most of them endowed with power to grant degrees, diplomas, &c., and each having a direct pecuniary interest in the number of credentials dispensed by it, and in some of which the teacher officiates as the examiner of his own pupil!

It has been a just ground of complaint that the medical institutions of this country have disregarded the interests of their members—a circumstance which cannot excite surprise, when the irresponsible character of their governing bodies is considered. Neither have they taken proper steps to protect the public health, to supply the kingdom with a thoroughly educated body of medical practitioners, or to guard the community against ignorance and fraud. They have hitherto, in fact, served the interests of a few, to the exclusion of the mass of those from whom their resources have been derived.

A more liberal spirit seems of late to have actuated their councils. This may in some measure have been spontaneous with individual councillors, but has been still more the result of the agitation which has been occasioned by the dissatisfaction existing throughout the profession. To whatsoever cause attributable, it must be hailed as a favourable omen, and as a great encouragement to those members of the profession who are striving for its improvement.

But, as has been remarked in an essay attributed to the pen of Sir Benjamin Brodie, no self-reform of any Corporation will be sufficient to accomplish what is demanded in the way of reformation. The Councils of the Corporations must be made responsible, not only to the members of the latter, but to some superior board or authority, under what name soever it may be designated. This opinion has been acquiesced in by the Colleges of Physicians of London and Edinburgh, and by the Colleges of Surgeons of Dublin and Edinburgh. The necessity of a superior Board or Council is admitted; but upon the mode of its construction, there is, as might indeed be expected, a considerable variety of opinions. Your Council have always advocated a mixed form of government, so that whilst the Council or Board should connect the profession with, and render it a branch of, the general polity of the nation, it should also be representative of, and responsible to the members of the profession, by whom its revenues must, in any case, be mainly supplied. They have been anxious to gather the sense of the Association upon this point, and accordingly submitted to their perusal, some time ago, two outlines of plans, upon which their opinions will be taken before the termination of this meeting. They beg, in offering them, to repudiate once more the oft-repeated accusation that they are seeking to destroy the presently-existing medical institutions. On the contrary, they would render them constituent parts of one national system. Instead of curtailing their boundaries, they would extend and amplify them; they would give their members an interest in their prosperity and reputation, and render them more eminently conducive than they have hitherto been to the ends for which they were incorporated—at the same time that they would take measures for supplying those defects and correcting those anomalies in the profession, which,

from their nature and constitution, the corporate bodies are inadequate to control.

Some persons have despaired of ultimate success, because of the variety of opinions which have been broached in reference to the fulfilment of the latter objects. But these should by no means create discouragement. They originate in one common feeling of dissatisfaction; they show, that however men may differ as to the remedy, there is no doubt regarding the presence of an extensive disease. Each proposed plan of treatment contains suggestions, probably, which may at some time be of use in the reorganizing of the profession. The Council are anxious to consider every proposition that may be made, in the hope of gleaning information therefrom. Acting in conformity with this spirit, they have laid before the members the two outlines already mentioned; but, in doing so, they would be distinctly understood as not wishing to dictate upon the subject, or, by the production of these plans, to supersede the bringing forward of others. They wish merely to obtain some indication of the general feeling as to the outlines of a measure which would be acceptable to the majority, and have adopted this mode of arriving at that knowledge.

The plans coincide in several important points.

They mutually contemplate the possession of a license by all persons hereafter legally entering into practice, and the establishment of a uniform qualification throughout each division of this empire, for all future candidates for such license; and a similar uniformity in the granting of degrees and titles in Medicine and Surgery.

They each provide for an authentic registry of all legally-authorized practitioners, with means for its publication; and a representative governing body for the whole profession.

According to plan No. 1, the examining and licensing board would be formed prior to, and would be distinct from, the governing body, except that vacancies occurring in it would be filled by that body. It would contain members appointed by the Crown.

The examining board, according to the second plan, would be under the control of, and responsible to, the general Council.

The plans agree in dispossessing the Apothecaries' Company of the power now held by it, of examining and licensing medical practitioners.

The Council wish not to treat with disrespect, or to under-rate the services of, the Apothecaries' Company. Its present functions were not sought by it. They were thrust upon the Company by the culpable neglect of the Colleges of Physicians and Surgeons. But is the Apothecaries' Company the source from which medical practitioners should emanate? Its charter was granted for the purpose of protecting the public from the practices of ignorant pretenders to medical knowledge. Has it fulfilled the terms of its charter in this respect? To a very small extent. The Company, it is said, is in possession of 1,200 names of persons practising without its license. Is it fitting that medical men should derive their authority to practise an honourable profession from a "City Guild and Trading Company?" And is it proper that the licensing power for the general practitioner should be held by a body which is not authorized to examine its licentiates either in Surgery or Midwifery?

The London Corporations have declared that the public have divided the profession into physicians, surgeons, and apothecaries. They surely must be aware that if this division obtain even in the metropolis, it does so to a limited extent; unless, indeed, they identify the apothecary and the general practitioner, which would be most unjust, seeing that the latter partakes quite as much of the character of the two first-named classes as of the third. The public require a class of medical attendants who have been educated and examined in all departments of the healing art, and such a class not one of the London Corporations is at present able to supply. Hence the necessity of a General Examining Board, and of a class of persons who shall be examined in all departments, before receiving a license to practise.

The Council have been at much pains to obviate an erroneous idea that the possession of a license to practise would abrogate in future all distinctions and grades in the profession. Divisions in labour there will ever be; and it is most desirable that different men should cultivate, more especially, particular departments of the healing art; and provided they do not mislead the public as to the relative qualifications of medical practitioners, and are not so conferred as to inflict injustice upon the latter, there can be no reasonable objection to the granting of degrees and honorary titles either in Medicine or in Surgery. These distinctive marks of pre-eminence each of the plans would leave in the hands of the existing Universities and Colleges, making provision only that the conditions whereupon they shall in future be conferred be rendered uniform throughout the three countries.

The Council will not occupy the time of the Association with further observations upon this point. For additional illustration, they would refer members to the fourth page of their Report published in April last.

The first outline provides for a general incorporation of the whole profession into one faculty.

The second would incorporate each of the existing orders of the profession into its own faculty, and would form a General Council of an equal proportion of members belonging to the governing body of each—such bodies having been previously elected by their respective commonalties.

The second plan would, in addition to other provisions, reform the existing Corporations. Material benefit might ensue from such a change. The members, hitherto treated as "ciphers, if not as aliens," would become part and parcel of their parent institution; they would, by being admitted to the enjoyment of their just rights and privileges, take an interest in its prosperity, and would feel pride in augmenting its revenues, since these latter would then be dedicated to the encouragement of science, and the reward of distinguished services in the cause of professional improvement. In the language of Professor Kidd, "each institution would vie with another in a spirit of liberal emulation."

For the removal of many of the present causes of complaint in the profession, the interference of the Legislature is imperatively required; but they are not to be entirely removed by any legal enactment, how comprehensive soever it might be. They may, however, to a very considerable extent, be obviated by union amongst the members of the profession. And the Council beg to remind members of the recommendation of the last general meeting, relative to the sectional meetings of the Association. They know of no means whereby that body could be of greater service, than by watching over the local interests of its members, nor any which ought to ensure for it more largely the general support of their professional brethren. It is unnecessary to point out the various ways in which an Association of all the legally-qualified practitioners in any locality might be rendered useful; or how much they might become elevated in public estimation, if some such bond of union were established amongst them, as might tend to foster a community of interest and of feeling. It were equally superfluous to descant upon the mutual assistance and protection which might be thereby afforded, the discountenance which might be given to irregular and dishonourable practices, and the discouragement to quackery within as well as without the legitimate ranks of the profession; or how much it might contribute to the promotion of an upright and honourable deportment, and the due regulation of professional usage and etiquette—to say nothing of the advantages which might accrue from freedom of professional intercourse and discussion of scientific subjects.

A strong instance of the beneficial tendency of such union has lately been afforded by the profession resident in Carlisle, in the transactions connected with the medical appointments in the Cumberland Infirmary. These need not be further commented upon in this place, as they will form the subject of a specific motion to be submitted to this meeting.

In the hope and expectation that the recommendation of the Sunderland meeting will be acted upon, the Council intend to propose that one general meeting only be held in each year.

The attention of your Council has been directed to the subject of Parochial Medical Relief.

They are anxious to assist in procuring a more satisfactory interpretation and administration of the Anatomy Act.

A motion will be submitted to-day respecting the management of Public Hospitals and other Charities; and one relative to the enrolment of non-medical gentlemen as Honorary Members of the Association.

One of the most conspicuous features of this Society consists in the open and public nature of its proceedings. The Association is desirous to enlist the public in the cause of Medical Reform, for most deeply are they interested in its achievement. They are interested in having the country supplied with a well-educated body of practitioners, and in having some means of distinguishing the qualified practitioner from the empiric and the impostor. They are interested in seeing the profession presided over by a body which shall contain the highest capabilities and talent within its ranks, and which might be referred to by the State for information and advice on matters relating to Public Hygeine, Medical Jurisprudence, &c. They are interested in the good government of the Medical Corporations, and the proper appropriation of funds which may be employed in the encouragement of learning and scientific inquiry. It is to their advantage that inducements should be offered for well-educated men to choose Medicine as a profession, and that every impediment should be thrown in the way of those who, without proper qualifications, would undertake the responsibility of the healing art.

Medical men, who have spent time and capital in the attainment of knowledge, must also be interested in the adoption of measures which would terminate the anomalous state of things of which they have at present to complain—in the disregard of their interests which has arisen from the want of knowledge by the Legislature respecting them—the unfair competition arising from the dissimilarity in the qualifications required by the Examining and Licensing Boards—and the want of information, on the part of the public, which may lead them to discriminate between the parties who are and who are not in possession of a qualification for practice.

The reform of such abuses is a work of difficulty. Many influential bodies and individuals are opposed to them, for the simple reason that they are interested in the perpetuation of the present state of things; but if the mass of the profession be really anxious to obtain a sounder administration of their affairs, they should not be discouraged because it does not arrive as quickly as they could desire.

The Council lament that so many of their brethren should be altogether indifferent, whilst others are avowedly opposed to the objects of this and of kindred Associations. They believe that the greatest impediment with which they have to contend is offered by the apathy of a large proportion of the profession. They exhort the members of this Association, therefore, to continue their support to the objects for which it was founded, not doubting that in the end their perseverance will meet with its reward. (Applause.)

The Chairman observed, that the Report embodied all that was calculated to reform the abuses, elevate the character, and extend the usefulness of the medical profession.

Mr. Septimus Green, of Houghton, moved the adoption of the Report.

Mr. Dixon seconded the motion, and it was unanimously adopted

Mr. T. M. Greenhow remarked:—It was a great many years since he became aware of the evils that existed in the state of the profession. He was, indeed, one of the first in this district to stand forward for the reformation of abuses: but the views which he entertained at that time were limited—were much less enlarged than those now prevailing in the country, and particularly in the Association of which he had the honour of being a member. Still, even so far back as twenty years ago, he was strongly im-

pressed with the disadvantage under which the general practitioner laboured, in consequence of the necessity which then existed, and which, he regretted to say, was not yet abolished, of furnishing medicines, and being obliged to make a charge for them in some degree adequate to his professional services. (Hear, Hear.) He thought, then, that this was not a creditable practice, and he had long wished that something might be done for its correction. The profession was rising in public estimation, in scientific attainments, and in usefulness and dignity, and he did hope that they would have secured to them by law that direct and honourable recompence to which they are entitled, instead of being compelled to smuggle, in the shape of a bill for medicines, the remuneration of their valuable services. (Hear, hear.) This was due, not only to the profession, but also to the public; for it must be obvious to every one, that the present system held out a temptation to furnish more medicines than the patient really required; and the mind of the medical adviser was likely to be directed into a wrong channel, and to consider, in his prescriptions, what was good for himself, rather than for the case which he was attending. (Hear, hear.) He hoped that the number was few indeed that yielded to this temptation, but he knew that instances of the kind had occurred, to the injury of the public and the discredit of the profession. The North of England Association sought a remedy for this and other abuses. The Report now presented had gone largely into the objects which Medical Reformers had in view, and he looked anxiously forward to the time when those objects should be realized. To hasten the approach of that wished-for day, he hoped every member of the Association, whenever he had the opportunity, would impress the subject of Medical Reform upon the minds of Members of the Legislature, and show them that this agitation was disinterested and patriotic—that the medical profession, if they were seeking for themselves any advantage, it was in honour, in dignity, in scientific attainments, and not in mere pecuniary gain. (Hear, hear.) The advantage which they coveted was one in which the public must necessarily share.

Dr. George Fife moved—"That, in future, there shall be but one general meeting of the Association in each year."

Mr. Gregory seconded the motion.—Carried unanimously.

Mr. Dixon moved that the next annual meeting be held in Newcastle-upon-Tyne, in the spring of 1842.

Mr. Jobson seconded the motion, and it was carried *nem. con.*

Dr. Knott moved—"That, in the opinion of this meeting, the medical gentlemen of Carlisle have entitled themselves to the approbation and thanks of their professional brethren at large, by the unanimity and spirited conduct they have recently displayed in reference to the medical appointments in the Cumberland Infirmary." An Infirmary had been established in Carlisle, the governors of which were non-medical, and the regulations of the institution had been framed without the concurrence of the profession. They had resolved on the appointment of a certain number of pure physicians and surgeons, although, in fact, there was not a pure physician in the city. There were 15 medical men in Carlisle, 13 of whom met, and adopted an address to the governors, to which were attached the names of six Doctors of Medicine and nine Surgeons, offering to attend the Infirmary gratuitously in rotation. In the mean time one of the physicians of the city had qualified himself for appointment, by becoming a "pure," and his services had been accepted by the governors. The latter came to a resolution to waive their rule as to pure physicians, but as to the rotation system they demurred, and it remained *sub judice*. As to that system, there was reasonable ground of doubt; but undoubtedly it was a great evil, in cases of this kind, that medical men should be judged of by those who knew nothing of medicine, and yet who would exclude them for life from all connexion with public charitable institutions, to the manifest injury of the excluded parties and of the public.

Dr. De Mey seconded the resolution, and it was unanimously passed.

Dr. Glover moved—"That a committee be appointed to inquire into the system by which the public charitable institutions of this country are at present regulated, and to consider whether it can be improved." No one could contradict him when he said that scientific acquirements were not the passport to office. Able men, it was true, did obtain admission to public institutions, but not necessarily in virtue of their eminent abilities. If such institutions were properly managed, they would in some degree correct the evils under which the profession laboured, whether the rotation system, or that of election by *concours*, was adopted. Success with the public was by no means an attendant of scientific eminence, and mere external circumstances had frequently more weight with the masses than the highest professional acquirements; so that even if the governors of these institutions wished to do justice in making the appointments, they could not always be directed aright by their judgment. And thus men admirably calculated to advance medical science were frequently kept out of public charitable institutions, while very inferior persons were admitted. To leave the system as it stood at present, non-medical men making the medical appointments was most objectionable.

Mr. H. G. Potter seconded the resolution.

Dr. Fife concurred in the observations of his friend, Dr. Glover. The objects of the institutions now under consideration, should be regarded as threefold:—1. The effectual medical relief of the poor.—2. The diffusion among the profession of the facts observed by the medical officers.—3. The advancement of medical students by clinical instruction.—He was happy to see one gentleman present in this meeting, who was connected with the Newcastle Infirmary—a gentleman who, to his honour be it spoken, had been greatly instrumental in liberalising that institution. (Applause.) Soon after the appointment of Mr. Greenhow, one of the earliest Medical Reformers in the North of England, this beneficial change had taken place; and he was glad to say, that many surgical cases, occurring in the Newcastle Infirmary, had been published, from time to time, for the benefit of the profession and of the public. But, so far as he knew, not one single medical fact, observed in that institution, had ever seen the light of day; nor were any clinical lectures delivered by its physicians Surely, then, there was great need of inquiry and amendment.

Mr. Greenhow acknowledged, with much satisfaction and gratitude, the compliment paid to him by Dr. Fife. Most certainly changes had been introduced into the Newcastle Infirmary, which he regarded as very beneficial. Formerly, no person not connected with the establishment could enter its walls, or be present at an operation, unless he were specially invited. But, for many years, the wards and operation-room had been thrown open to the profession; and whatever might be thought of the mode of appointment—for which, of course, the medical officers were not responsible—the institution, in other respects, was one of the most liberal in the kingdom. Pupils were admitted to all its advantages on the payment of a yearly fee of five guineas, which did not go to the officers, but was applied to the enlargement of the library. (Applause.)

Mr. Dixon stated, that the regulations of the Bishopwearmouth Infirmary were similar to those of Newcastle.

Mr. Turner—(Dr. Glover's motion having been seconded)—rose to move the appointment of the following gentlemen as a committee:—Dr. Brown, of Sunderland, and Dr. Knott, Dr. Glover, Mr. Carter, and Mr. Potter.

Dr. Elliot moved the next resolution—which was to the effect that non-medical gentlemen be admitted to the Association as honorary members, if the Council should concur in the proposal. The public, at present, took little interest in the question of Medical Reform. If they thought at all upon the subject, they thought, many of them, that it was one with which they had nothing to do; while some, he was afraid, looked upon the agitation with a prejudiced eye, as though the medical profession had some sinister interested object in view. Every one could see the propriety of legislative securities against the sale of tainted meat or adulterated food; but few apparently recognised the duty of the State to protect the public from ignorant and injurious—oftentimes fatal—medical advice. He hoped that the admission of non-medical members would tend to interest the public in the objects and proceedings of this Association, and hasten onward the attainment of Medical Reform. (Applause.)

Dr. Charlton seconded Dr. Elliot's motion. He had lately been obliged, by ill health, to spend a few months in the country; and he took the opportunity of ascertaining the views of his non-medical acquaintances on the subject of Medical Reform. Many of them, he found, were not aware that such a question had been mooted—while others regarded it as a mere pounds-shillings-and-pence affair, of no moment to any one unconnected with the profession.

The motion was carried unanimously.

Mr. Morrison was delighted to see so much unanimity in the meeting, and he hoped that the harmony of their proceedings would not be interrupted by the motion which he now rose to submit for their consideration. He regretted that he was not prepared with statistical information in support of his motion, which called upon the Association to petition Parliament for an alteration of the Anatomy Act; but from his own personal experience, and the information which he had received from all quarters, he had no hesitation in stating that the Act had not worked efficiently—had not provided a supply of bodies adequate to the necessities of medical science. The great evil of the Anatomy Act consisted in this—that its operation was dependent, generally, on an ignorant and prejudiced class of persons. It had been said, that the subject of which he was now speaking was one which they should not entertain—at least, in a public meeting—because it was unpopular with large numbers of their fellow-countrymen. He could not concur in this opinion. Besides, the Anatomy Act did not apply to any particular class. He had read the act carefully, and in no one clause did he find any class adverted to more particularly than another; it was a measure applicable to all, and only affected the poorer classes more than others, so far as they were the most numerous. His experience of the operation of the Anatomy Act had taught him, that the greatest obstacle to its efficiency arose from the unwillingness of the public functionaries, who had possession of unclaimed bodies, to exercise the discretion which was confided to them by the le-

gislature. They shrunk from the odium to which that discretion exposed them. The Boards of Guardians urged—and urged very properly—that the legislature ought to have taken upon itself the responsibility of making the Act compulsory, instead of throwing so delicate a discretion upon parties who resided on the spot. Mr. M. concluded by moving the adoption of the petition.

Mr. Potter seconded the motion.

The Chairman suggested, that Mr. Morrison should merely move that a petition be adopted, without requiring the meeting, on so short a consideration, to adopt the identical petition which he had read.

Mr. Morrison cheerfully acceded to the suggestion; and the motion, as amended, having been unanimously adopted, the petition was referred to the Council.

Mr. Carter now called the attention of the meeting to the two "Outlines of Plans for the Better Government of the Medical Profession," a copy of which had been transmitted to every member of the Association. We give these "outlines" with some abridgment in the details:—

No. 1.

"An Examining and Licensing Board to be established in England, Scotland, and Ireland respectively, by one or other of which Boards all future candidates for medical practice shall be examined and licensed.

"The qualification required for such license to be determined by the three Boards conjointly, and to be made uniform throughout each division of the United Kingdom.

"A Register to be preserved, and lists of names published, of all persons who are already practising with certain qualifications, and of all persons who may hereafter receive a license to practise.

"The professional body so registered, to be empowered to conduct its internal government by a Representative Council or Senate, elected periodically.

"Degrees in Medicine, and diplomas and degrees in Surgery, to be conferred by the Universities and Colleges—the terms on which such distinctions are to be granted being equalized throughout the United Kingdom. No person to obtain a degree who shall not have previously obtained a license."

No. 2.

"A Faculty, or Corporation, to be established in England, Scotland, and Ireland respectively, of—1. Physicians; 2. Surgeons; and (in England, of) 3. Licentiates of the Apothecaries' Company. [The latter faculty would terminate with the existing race of licentiates, as the Apothecaries' Company would not, according to this plan, be longer empowered to examine and license medical practitioners.]

"The Colleges of Physicians and Surgeons of London, Edinburgh, and Dublin, might form the nuclei of the two first-named faculties; and, under a new and extended arrangement, be designated the Colleges of England, Scotland, and Ireland.

"Every Doctor of Medicine, practising in either country with the degree of a British University, to be admitted on payment of a prescribed fee into the membership or fellowship of the College of Physicians of the country wherein he resides.

"A similar arrangement to prevail in regard to persons holding the diploma of a British College of Surgeons.

"Foreign degrees and diplomas not to be recognised unless obtained upon terms equivalent to those of this country.

"A Register of the members of each faculty to be preserved, and copies thereof to be published at stated intervals.

"Each faculty to elect (periodically) a Council or Board of Management.

"The Council of each faculty, shortly after its election, to make choice of ( ) names, which shall be submitted to the Secretary of State for the Home Department, who shall select (two-thirds?) thereof, to form conjointly a General Council in each division of the United Kingdom.

"Should lay-members be added? After careful consideration it has been thought that advantages might arise from the addition of laymen to the Councils.

"The General Councils to be the governing medical bodies of each kingdom. They might serve also as Boards of Reference for Her Majesty's Government in matters relating to the public health, medical police, &c.

"Boards of Examiners to be appointed in the three countries, by one or other of which all future candidates for a license to practise shall be examined. The license to be granted by the General Councils.

"The Universities of the United Kingdom to grant degrees in Medicine; and the Colleges of Surgeons, diplomas or degrees in surgery.

"No person to obtain a degree or diploma who shall not have previously obtained a license.

"A certain number of deputies to be appointed by each Council, to meet at stated times and places, and to arrange the qualification for a license to practise, and the conditions on which degrees and diplomas in Medicine and Surgery shall be granted by the Universities and Colleges.

"The new order of licentiates in Medicine to constitute a faculty in each kingdom, with power to elect a Council five years after its establishment. A given proportion of such Council to enter into the composition of the General Council.

"The Apothecaries' Company to be divested of power to examine and license medical practitioners. (It might be converted into a College of Pharmacy.)

"In addition to the General Register, a Local Register to be instituted.

"Reciprocal privileges to be enjoyed by the qualified members of the profession throughout the United Kingdom.

"Every legally qualified member of the profession to be enabled to recover, at law, any reasonable charge for his professional services.

Dr. Glover suggested that nothing would be gained by the expression, on this occasion, of an opinion upon these plans of Medical Reform, and, on the whole, it would be better to leave them to the consideration of the members until the usual general meeting.

Mr. Carter, in reply, observed, that other Associations had agreed upon first principles, and the Council had thought it desirable to ascertain the sentiments of the North of England Association also. It was not intended irrevocably to pledge the members to either to one or the other outline in all its parts, but merely to learn from them what were the principles on which, in their opinion, a Bill should be based. He should not oppose the suggestion of Dr. Glover, if members were desirous of further time for the consideration of the plans which had been laid before them.

UNIVERSITY COLLEGE MEDICAL SOCIETY.

INJURIOUS EFFECTS OF IODIDE OF POTASSIUM.

Mr. Erichsen related a case of chronic rheumatism, in which he had administered five grains of iodide of potassium in two doses, when alarming sympsoms came on. There was difficulty of breathing, pain in the chest, excessive discharge from the eyes and nostrils, inflamed conjunctivæ, and most of the symptoms of violent catarrh. The iodide was discontinued, and the patient speedily recovered. He thought the case remarkable on account of the small doses of the iodide that had been given, and the rapidity with which the patient recovered when the medicine was left off.

Mr. Bucknill had also seen the effects spoken of from the use of the iodide. It was remarkable that when doses of a scruple or half a drachm were given, the bad effects, when they did take place, were by no means increased in proportion to the dose.

Dr. Lankester had always witnessed the severest effects from large doses. Inflammation of the eyes, erythematous eruptions, and faintings, attended with oppression at the epigastrium, were the most prominent symptoms. These effects yielded quickly to abstinence from the medicine. He did not think large doses increased the absorbent effect of the medicine.

Mr. Taylor related a case of Mr. Liston's, in which wasting of the testicle took place under the use of iodide of potassium.

Mr. Hardwicke related a case of retraction of the testicle into the inguinal canal, in the adult, which had hitherto resisted all attempts at reducing it to its natural position.

Mr. Erichsen had seen a case in Paris. The man came into the hospital under Velpeau, with orchitis of the retracted testicle; it was treated in the ordinary manner, and the man got well, but the testicle remained in the canal. It had not at all interfered with the function of reproduction.

ON THE INFLUENCE OF VENEREAL EXCESSES IN THE PRODUCTIONS OF APOPLEXY.

By Dr. MUYNCH.

Dr. Muynch has in many instances traced apoplectic attacks to venereal excesses. He supposes that they first augment the irritability of the brain, but, in consequence of their continuance, soon induce a state of permanent debility, and diminution of the tonic and cohesive power of the nervous system; and that the weakness caused by these seminal losses is of a much more severe nature, and more permanent, than even repeated blood-lettings carried the length of producing cerebral anæmia.

The signs which precede the apoplectic attacks are in general loss of the intellectual faculties to a greater or lesser extent, loss of memory, incompetence for any continued mental exertion, in addition to the loss of the general health. Convulsive movements of the muscles of the arms and face are often remarked, and a state of mind approaching idiotcy or insanity.

When the apoplectic seizure is traceable to this cause, bleeding is highly injurious. The remedies recommended are quinine and other tonics, valerian, arnica, carbonate of ammonia, &c., together with frictions along the vertebral column, with some stimulant liniment.—*Annales de la Societé de Medicine de Gand.*

ON THE PROTIODIDE OF IRON, AND ITS EFFICACY IN CURING PULMONARY CONSUMPTION.

By Dr. ALPHONSE DUPASQUIER.

When pulmonary consumption has arrived at its last stage, when caverns exist in the substance of the lung, it has been generally regarded as incurable. Dr. A. Dupasquier, however, from six years' experience of the efficacy of the administration of the protiodide of iron at this stage of the complaint, has arrived at the conclusion, that it may be occasionally got the better of, and a cure be effected. He does not, however, like many discoverers of new remedies, claim for this medicine the title of a specific in consumption, but only recommends

it as "a remedy infinitely more useful than any which has been hitherto employed in this disease." Sometimes, he says, the protiodide of iron has no action whatever, or its action is only temporary. At other times it produces considerable amendment of all the symptoms, restores hope to the patient, and smooths considerably the way to death. Pretty often it produces temporary cures; and sometimes, but more rarely, perfect cures; giving rise to complete cicatrization and filling up of the caverns in the lungs, even in patients arrived at the last stages of marasmus, restoring to them their original stoutness, and all the usual marks of health.

Much of his paper is taken up in criticising the various preparations of the protiodide of iron prepared in France, which all appear to have contained an excess of free iodine, which rendered them too stimulating in his complaint, and actually injurious. None of his remarks apply to the preparation used in this country, which possesses all the requisites of purity in even a greater degree than that proposed by Dr. A. Dupasquier himself. He directs the protiodide of iron to be kept in solution, and its strength, as estimated by the quantity of iodine contained in a certain quantity of water, is as 1 of iodine to 8 of water. The solution in the Edinburgh Pharmacopœia is very nearly as 1 iodine to 14 water. Of this solution he directs from 15 to 60 minims to be taken daily in syrup of orange flowers, carbonic acid water, marmalade, &c., and to persevere in its administration, even though diarrhœa or slight gastric irritation should be produced. He says it is only necessary to suspend its employment when sensations of suffocation become strongly developed. —*Journal de Pharmacie.*

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths from all causes, registered in the week ending Saturday, the 9th October, 1841:—

Epidemic, endemic, and contagious diseases	148
Diseases of the brain, nerves, and senses	126
Diseases of the lungs, and other organs of respiration	245
Diseases of the heart and blood-vessels	17
Diseases of the stomach, liver, and other organs of digestion	82
Diseases of the kidneys, &c.	3
Childbed, diseases of the uterus, &c.	4
Diseases of the joints, bones, and muscles	4
Diseases of the skin, &c.	1
Diseases of uncertain seat	106
Old age, or natural decay	48
Deaths by violence, privation, or intemperance	25
Causes not specified	7
Deaths from all causes	816

VACANCIES, PROMOTIONS, & APPOINTMENTS.

MILITARY.

PROMOTIONS.—17th Regiment Light Dragoons, Assistant-Surgeon Alexander Leslie, from the Staff, to be Assistant-Surgeon vice Gibson, promoted to be Staff-Surgeon of the second class.—*Hospital Staff:* James Sonnere, gent., to be Assistant-Surgeon to the Forces vice Louisworth, who resigns.

NAVAL.

APPOINTMENTS.—Mr. John Cockin, Assistant-Surgeon, to the Siren; Mr. J. Bernard, Assistant-Surgeon to the Rhadamanthus; Dr. Wm. Webber, Assistant-Surgeon, to the Vixen; Assistant-Surgeons R. N. Burton, to the Ferret; A. Adams, and Dr. Winchester, to the St. Vincent; Dr. Hoggan, to the Hazard; and A. G. Tucker and J. Campbell, to the Queen. Surgeon Dr. A. Allen, to the Vindictive, from the Belleisle.

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Friday, October 15.

George Revely Sladen, Peter Gordale Say, William Stedman, John Andrews, William Bower, James Lyde, Walter Careless Freer, John Luscombe Teed, Charles Cobbe.

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LECTURES ON CLINICAL MEDICINE.

Delivered at the Hotel Dieu, Paris, by Professor CHOMEL.

LECTURE I.*—ON PNEUMONIA.

General Considerations on the Parenchymatous Structure of the Lungs.

Before describing the anatomical lesions which characterize pneumonia, it seems indispensable that we should give a just idea of their seat, and their various modifications, by making some observations on the parenchymatous structure of the lungs, and more especially on the mode of termination of the bronchial ramifications.—This important subject had already engaged the attention of Malpighi as early as the middle of the 17th century. In later times Willis, Helvetius, Sénac, Kiel, and Lieberkun, renewed the experiments of that celebrated anatomist, but without arriving at similar results. In 1802, the Academy of Sciences, of Berlin, broached this subject at its meeting, and Reisseisen then presented his fine memoir on the texture of the lungs. This memoir unfortunately lay hidden from the eye of science; at the best it was but very incompletely known, and imperfectly made use of. More recently M. Bazin, whilst repeating and modifying the experiments of Reisseisen, and directing his attention particularly to certain facts of comparative anatomy, arrived at the same results as the able anatomist of Strasbourg, as have also M. Giraldés, Professor Burgrœve, of Gand, and M. Lereboulet, of Strasbourg. Thus the opinion of Reisseisen appears to be now perfectly established.

According to this author the bronchial ramifications terminate by culs de sac dilated into little vesicles, perfectly independent of one another, and which, being grouped together, form the lobules of the lung.

This arrangement may be shown in several ways:—

1. If we examine, in a strong light, a lung containing but a small quantity of blood, we observe on its surface a number of very minute vesicles filled with air.

2. If in the same lung we gently force the air towards one of the sharp edges of the organ, we see formed small passages or tubes distended with air, which laterally, or at their extremity, present a mass of vesicular inflations, which have no communication the one with another. It is particularly upon the rarefied tissue of the lung that we can perceive this arrangement. MM. Andral and Reynaud have frequently observed it in the human subject; it is also more manifest in some mammiferous animals, especially the ape.

3. Reisseisen having injected a bronchus with mercury, and having forced the metal towards the surface of the lung, saw it, with the aid of a simple lens, traverse tubes more and more numerous, and form under the pleura a numberless quantity of globules. A lobule thus injected being compressed gently between two plates of glass, exhibited still better the disposition of the bronchial ramifications, and the form of the pulmonary vesicles, which may be compared to the granulations of the cauliflower.

4. To show that the linear course of the mercury was not owing to false passages formed by its gravity, Reisseisen instituted the following experiment. The fresh lung of a calf was immersed in cold water; some days afterwards this lung, when examined, exhibited only some bubbles of air in its vesicles. It was placed in hot water; the heat rarefying this small quantity of air, Reisseisen saw distinctly some dilated vesicles in the midst of the compact mass of the parenchyma. By pressing the air of the distended lobules towards the pleura, this anatomist discovered the same arrangement as shown by the preceding experiments.

5. If we inject into the bronchi a substance which can withstand the action of nitric acid, we obtain, by means of this, a complete tree, the branches of which terminate in small bronchi, which do not communicate with the neighbouring ones, but which, after being subdivided, terminate in little bulbs or nipples.

6. Comparative anatomy, generally so useful in showing clearly the structure of organs, confirms the opinion of Reisseisen. Thus, in some animals, the jackal for instance, the lungs have no lobules; the bronchial ramifications offer divisions, always more numerous and short, which evidently terminate in rounded culs de sac. (M. Bazin.) By macerating the lung of a young calf for some time in water, and, after having removed the cellular capsule which surrounds it, by separating the pulmonary lobules, destroying the cellular tissue which unites them together, we obtain a kind of tree, each branch of which terminates in small elevated particles; these, on being again separated, form small eminences, isolated from one another. (M. Geraldés.)

7. Pathological anatomy, again, supports M. Reisseisen's views. In the infant, for instance, it is not uncommon to find inflammation of the pulmonary vesicles, under the form of miliary granulations of a colour between gray and yellow, scattered in the midst of healthy parenchyma, and which differ essentially from miliary tubercles, inasmuch as these are full and solid, whilst the inflammatory granulations contain a liquid in their centre, whence it escapes, on incising them, under the form of liquid pus. Again, M. Piorry is said to have shown to M. Breschet a lung, studded with a number of little drops, of a purulent appearance, each of which was about the size of a vesicle, and which were surrounded with numberless red granulations of the same size. There was also a great number of small round concretions, the size of which was about the same as that of the purulent drops or of the reddish corpuscules.

In a case of pneumonia occurring in an elderly woman, MM. Hourmann and Dechambre found the following alteration:—Granulations, voluminous and compact, were united in groups of four or five, separated from one another by about the space of two lines. Each of these small tumours, very friable, of the size of a lentil, had, in its grained appearance, its red colour, and its rather more than hemispherical form, the greatest resemblance to a small raspberry or strawberry. In one of the spots where this arrangement existed, a very fine canal could be distinctly observed, the nature of which it was impossible to discover, but empty and collapsed, running in a parallel line to the surface of the incision, and upon a level with it, sending a ramification still more fine to each of these groups.

The spontaneous dissection of the bronchi, with their ramifications and their terminal vesicles, existed in a very remarkable manner in a case reported by Dr. Stokes, of Dublin—a case to which we shall return when speaking of suppuration of the lung. We will merely observe here, that the inferior lobe of the left lung, viewed from outside, represented a sac enclosing a matter, the yellow colour of which was quite visible through the pulmonary pleura. On opening this species of sac, the subserous cellular tissue, interlobular and intervesicular, was found in a state of suppuration. The lobules and vesicles were so perfectly dissected, that the whole lobe presented an assemblage of small clusters.

When we examine with a magnifying glass a portion of lung in the ordinary red state of hepatisation, we find small granulations formed, infinite in number and pressed one against another; granulations which often become still more manifest when a certain degree of suppuration has invaded the diseased tissue.

Lastly, in certain cases of pulmonary emphysema, the vesicles acquire a size so considerable, that they may be easily distinguished.

All these facts appear to me to demonstrate that the bronchial ramifications terminate in culs de sac, or cœca perfectly separate one from another; this opinion is, we may see, opposed to that of M. Bourgery, who has lately contended, that the bronchi form capillary canals, interlaced in divers ways, communicating one with another, and forming what he calls (des canaux labyrinthiques); and also to the opinion of Helvetius, maintained by M. Magendie, namely, that the bronchi open into certain species of cellular bags with which they communicate on all sides.

Age gives remarkable modifications to the internal structure of the lungs. M. Magendie, and more recently MM. Hourmann and Dechambre, have pointed out the increase of the pulmonary cells with age. Thus, according to these latter authors, while the cells in the lungs of the aged measure a quarter of a line, those in the lungs of the adult present only the eighth, or at most the sixth of a line. In children from four to six years, they are not above the twelfth of a line; and lastly, in the newborn infant at the full term, and which has respired, the cells do not appear larger than the holes left by the prick of the most delicate needle. In old people the lungs offer, according to MM. Hourmann and Dechambre, three principal types.

1st Type. Full lungs, filling up the well-developed chest, the soft parts of which have preserved a marked embonpoint. A thin slice obtained from such lungs, previously dried, presents, when viewed against the light, the appearance of a kind of sieve with holes perfectly round, and drawn together like the network of fine lace. Their diameter is about a quarter of a line; their circumference is not interrupted at any point, so that they constitute cells perfectly regular, and entirely independent.

2nd Type. Lungs of a regular form, but small, marked round by serosity, thorax narrow, and the soft parts thin and meagre. Here the cells, instead of being round, are elongated into ellipses, so as to offer a number of small openings, sometimes of a line in extent, in their greatest diameter, and which are terminated by

* The Lectures which we commence this day, form a valuable work, just published at Paris, the first translation of the whole of which we shall have the honour of presenting to an English public.

two commissures, more or less angular. The vascular tracts which circumscribe the lobules have undergone the same elongation, and their divisions examined by the magnifying glass are evidently less numerous. The cells are not on that account the less independent, or the less confined by a regular circumference.

3rd Type. Lungs of an irregular form, wasted, covered with an abundant serosity, and laying against the vertebral column, in a thorax narrow and reduced to a skeleton-like emaciation. The pulmonary cells are not, in this case, of a more regular form. A slice of the lung shows only a torn network, the broken up parts of which intercept spaces as variable in their extent as in their shape. The magnifying glass shows with difficulty some vascular branches, slender and few, and no lobular division is perceptible.

Thus, then, as a general rule, the lung loses the more of its density, and offers a respiratory surface of a less extent, as the age is more advanced; and this atrophy of the lung is constantly in proportion to the retreat of the thoracic parietes, and the quantity of serosity accumulated in the pleuræ.

LECTURES ON CHEMISTRY.

Delivered by J. SCOFFERN, Esq., at the Aldersgate Street School of Medicine.

GENTLEMEN,—To begin at the beginning—an all important thing in the science we are met to consider—I must frankly own that I feel no small difficulty in presenting what may be considered a satisfactory definition of Chemistry. I remember well being puzzled by the definition given in the ordinary school-book, viz., that it is the art of separating bodies by fire; and although this is unmeaning enough, it is, nevertheless, as being laconic, infinitely superior to those which are at once unmeaning and verbose. I have before me two pages of old English, French, and German definitions, which do not convey ideas more precise than the old school book to which I have already alluded. One author tells us, that chemistry investigates the effects of heat and mixtures; another, that it takes cognizance of motion existing between particles; and these are amongst the most rational definitions that we find in books!—however, I candidly own myself unable to suggest a better. To the author, this paucity of words in expressing ideas is exceedingly perplexing, but to the lecturer it is but slightly felt; and here you will learn the striking advantages of the lecturing system, for by a few simple experiments I hope to convey to you an idea of chemistry no less definite than if I had the fullest command of words. All material substances in nature are endowed with two sets of properties—mechanical and chemical. The former are so continually manifesting themselves, that their perception seems in a manner intuitive, and it requires some exercise of the mind to demonstrate that we have learned to appreciate those properties by pure philosophic induction. A child, if asked to point out some properties of the metal iron, would say that it was endowed with hardness, that it was heavy, that it was opaque, that like other material bodies it was susceptible of motion, &c., and the idea of associating a property of lightness, or solubility, or transparency to this metal, would have been preposterous; these, then, are the evident or mechanical properties of iron; but we shall find it to be endowed also with other properties of a very different character—properties which ordinarily do not manifest themselves, which, à priori, would never have been supposed to exist, and which can only be learned by a somewhat refined investigation. Before me I have a colourless solution which I divide into two portions; into one I pour a little of the tincture of galls, and you observe that a black colour immediately results; into the other portion I pour some solution of a salt termed prussiate of potash, and a deep blue colour pervades the whole mixture. Now, judging from the result of these experiments, I infer that the colourless mixture operated upon contained a preparation of the metal iron, inasmuch as no other substance at present known would have produced similar appearances. We observe, then, that iron is endowed with two kinds of properties, one of which may be denominated *evident or mechanical*, and the other *latent or chemical*, properties which are widely different from each other, but which language is scarcely competent to express.

To serve as a prelude to our course on Chemistry, I purpose giving you this morning a short sketch of its history, from its first rude beginning, in a dark and illiterate age, when astrology and witchcraft were its unworthy associates, to the present bright era of philosophy and truth. (This investigation shall not detain us long; we will skim over empire after empire, dynasty after dynasty, with most relentless speed, pausing here and there to take a glance at our science, wherever it may become conspicuous.)

That same veneration for antiquity which prompted the Romans to claim descent from the wandering heroes of Troy, has induced certain zealous antiquarians to describe the origin of this science to periods far remote, and to the most fanciful combination of circumstances. Accordingly, we find one individual mention Tubal Cain as its founder, because he worked in brass and iron; another mentions that chemistry originated with Moses, who destroyed the golden calf set up by the idolatrous Israelites, (Exodus ch. xxxii, ver. 20,) whilst, according to a third account, its commencement was more ancient still, having derived its first existence from Heaven. I allude to the tract published by Zosimus the Panopolite, in the fifth century, under the title of 'A Faithful Description of the Sacred and Divine Art of making Gold and Silver.' That same scriptural allusion which furnished our Irish bard with the idea of his poem the 'Loves of the Angels,' was commented upon by Zosimus, in reference to the origin of chemistry. He says, that the angels who wandered from their blissful seats, enamoured of mortal charms, communicated, as was but natural, to the objects of their adoration certain sciences of Divine origin; that the ladies (ever unable to keep secrets) divulged those sciences to the world; that the unfortunate spirits, in short, were prevented from returning to Heaven because of their past imprudence, and hence all their sciences, written in a book called *Chema* or *Chemia*, were diffused over the earth.

Passing over this shadowy tradition as unworthy our further attention, we shall find that the study of chemistry (such as it was) became generally known soon after the Christian æra. The first book in which we find it, is the lexicon of Suidas, a Greek writer of the ninth century. This author, under the article *Chemeia*, informs us that it was an Egyptian art, practised as early at least as the third century, for Diocletian, he tells us, ordered all the chemical books of the Egyptians to be sought out and burnt, because in the event of their manufacturing silver and gold, they might be enabled to rebel against him with success. This lexicographer, Suidas, was scarcely less free than his contemporaries from the vanity of attempting to seek an early origin for chemistry.—He mentions that the science must necessarily have existed anterior to the Argonautic expedition, the date of which is 1225 years B.C. Jason and his followers (this author asserts) sailed in the ship Argo, for the purpose of obtaining a description of the art of making silver and gold that had been written on skins, on which account the poets spoke of it as the golden fleece. This art Suidas terms χημεια, and hence we learn that chemistry formerly signified that art which is now called alchemy. Such speculations however we will waive altogether, as standing on those misty limits where history merges into fiction and romance; but I may remark that chemistry, as a science, most probably originated in Egypt, chiefly confined to the magi, or priests, who in that land were the sanctuaries of all kinds of learning, and who kept the populace in a state of wondering but ignorant admiration, the better to enhance their own power and respect.

Recent discoveries have rendered the supposition very probable that Egypt, even so early as the period of her Pharaohs or native kings, possessed a degree of scientific knowledge far greater than we generally imagine; and in later periods, when Egypt became subject to Greece and Rome, and when the close institutions of earliest antiquity had yielded up their treasures to the eyes of prying strangers, art and science became more like what they ought to be—a commonwealth of the world.

The period of the spread of Egyptian science is one of 362 years; i. e. from the conquest of Alexander in the year 332 B.C., and the subsequent brilliant reign of the Ptolemies to the termination of that dynasty in the year 30 A.D., when Egypt fell under the dominion of Rome; and lastly, the period between 30 A.D. and 640 A.D., when it ceased to be a tributary state of the Eastern Empire of Constantine.

Now the interval between the foundation of Constantinople by Constantine in 306 A.D., and its capture by the Turks in 1543 A.D., being a period of 1237 years, includes the dark ages, during which chemistry, or rather alchemy, received great attention, and men, impelled by a restless ambition to discover the method of forming silver and gold, carried on their researches with a degree of assiduity that has seldom been parallelled, and although doomed to endure continual disappointment in the main object of their research, soon accumulated an immense stock of collateral information, which having since been arranged and remodelled by enlightened minds, has become the present science of chemistry.

In the year of the Christian æra 569, when ignorance and superstition were darkly brooding over all those spots which learning had once adorned, there arose one of those celebrated men, who, darting at intervals over the face of history like meteors through the sky, seem designed to rouse by war and deadly strife the mind of man from that pestilential apathy into which it is so liable to fall. The Greeks of Constantinople had by this time lost all that was great and noble in the characters of their ancestors, whilst bigotry of the most execrable stamp, and a fearful contention in theological matters, were productive of the blackest crimes.

Constantinople and Egypt, however, were both rich in the biblical treasures of antiquity;—libraries of enormous extent and inestimable value included all that had been known of literature or of art; the Alexandrian library, founded by *Ptolemy Soter*, contained no less than 700,000 volumes on different subjects:—all those magazines of learning, however, were like so many stagnant lakes, whose waters, instead of flowing over the land to fertilize and revive, exhaled rank emanations from their sluggish depths.

As if, then, on purpose to remedy those things, arose the soldier-prophet, *Mahomet*. His Saracen legions swept over the earth with a rapidity that is unparallelled;—in the first bursts of their fury, the destruction was terrible; scouring over the earth with a whirlwind speed, and actuated by the wild spirit of their religion, they trampled relentlessly under foot the cherished remnants of antiquity!

This spirit of literary and scientific persecution however, was not of long duration; for the caliphs or vicars of Mahomet, as time rolled on, found it was their interest to cultivate an acquaintance with western learning. In the 8th, 9th, and 10th centuries Arabian science and literature had reached their acmé of perfection, each caliph striving to outvie his predecessor in a noble endeavour to promote the spreading of such inestimable treasures.

It does not form a part of my task to give even a sketch of the Mussulman conquests; the rapidity with which their valiant legions penetrated to the very heart of Asia on the east, and to Barbary on the west, is so well known, that it needs no comment here. From the latter territory, in the years 711 and 712, they crossed over into Spain, where, as usual, their valour, urged by a stern and uncompromising creed, was irresistible; province after province yielded to their sway, and Spain was subject to Moorish government until the year 1492, when, during the reign of Ferdinand and Isabella, and whilst Pope Sixtus IV. filled the papal chair, Granada, the last of their Spanish provinces, was conquered after a siege of eight

months. Spain, then, was subject to Arabian government about 800 years, during which time there were founded the most magnificent libraries and public seminaries, which, with a liberality of sentiment that does infinite credit to the Saracen rulers, were thrown open for the benefit of all strangers; indeed the Arabs may be regarded as the only *gentlemen* of the dark ages, fostering the trembling genius of literature and science, which had been driven by ignorance from her hallowed seats; treating with the utmost courtesy even their enemies or opponents in creed, and introducing that spirit of chivalrous feeling which constitutes such an essential difference between ancient and modern manners. The Arabians may justly boast of having given birth to a great number of highly accomplished scientific men, who benefited the professions of medicine and chemistry to a very considerable extent. It would be quite impossible in the short space of a lecture to mention the names of even half the Arabian philosophers to whom we are under obligations of this kind, but two of them, namely, Geber and Avicenna, merit our especial notice.

Geber lived in the 9th century, and although deeply tinctured with a belief in the possibility of making silver and gold, he was far in advance of the times which gave him birth. From a perusal of some of his works now extant, it appears that he was acquainted with a great variety of chemical compounds; and by administering mineral bodies as remedial agents, he tended greatly to destroy the vain predilection for vegetable substances which had hitherto swayed the minds of medical men. The other great Arabian physician and chemist was Avicenna, who flourished in the 10th century, an individual not gifted with much originality of thought, or celebrated in the way of discovery, but as a faithful compiler of other men's works, and a lucid illustrator of their frequently obscure opinions, he stands unrivalled. From his writings we may learn, with considerable accuracy, the amount of chemical knowledge possessed by the Arabians of his time. He gives an account of the four elements, fire, air, earth, and water; of the philosopher's stone, the formation of the universal elixir of metals, of saltpetre, of common salt, orpiment, sal ammoniac, and many other substances.

We have already seen that a belief in the possibility of making silver and gold existed at a very early period, although this fanaticism did not arrive at its highest pitch until a general intercourse had been for some considerable time established between Spain and the rest of Europe.

No sooner had Arabian science been diffused over the yet barbarous nations of Europe, than there sprung up a dreaming race of misguided enthusiasts, since known by the appellation of *alchemists*. This is evidently a word of Arabian origin, and signifies '*the Chemistry*.' That the Saracens believed in the possibility of making gold and silver we are certain, but far more noble objects than this occupied their general attention, and it would be unjust to place their philosophy on an equal footing with that of the European enthusiasts, whose whole attention was given to the inquiries how man might be rendered immortal on earth, and how the baser metals might be converted into gold. The dusky spirit of alchemy quailing before the rays of a purer science, long ago crept trembling into her cell—her votaries are dead—her altars broken, never to rise again. Let us not look, however, with too scornful an eye upon the dark picture of her reign, nor forget the numerous indirect advantages which she has conferred upon the world. Avarice is perhaps the strongest inducement to exertion that mortal man can have; had it not been with the intention of making silver and gold, or of discovering the secret of immortality, it is probable that the first laborious investigations of Nature, indispensably necessary to the foundation of chemistry, would never have been undertaken; then let us not regard with too scornful a frown the memories of those infatuated men, nor forget that in digging for a treasure never to be found, they exposed the dormant seeds of a better science to the cheering beams of philosophy. The first European alchemist is said to have been Albert Groost, or Albertus Magnus, who flourished in the 11th century; after him follow a whole host whom I have neither time nor inclination to mention even by name. The 13th century produced our own celebrated countryman, Roger Bacon, who, despite his participation in the errors of alchemy, was nevertheless a bright luminary of his age. Unfortunately his vast scientific attainments laid him open to the vague imputation of being a sorcerer, and religious intolerance long compelled this venerable philosopher to linger within the dreary walls of a prison. To him we are by some persons told to ascribe the discovery of gunpowder, but this I think without any great probability of truth. Bacon travelled much in Spain, and being thoroughly master of the Arabic language, had probably seen the description of making gunpowder in some Saracen manuscript, for there can be very little doubt that oriental nations knew the preparation of this substance long before its first employment in Europe.

Between the 13th and 15th centuries lived Raymond Lully, Gmelin Hollandus, and Basil Valentine; to the latter we are indebted for the introduction of antimony into the list of medicines. The prejudices of physicians in those days being very unfavourable to the employment of mineral bodies, antimony was not received into their materia medica until after a great deal of angry altercation. Basil Valentine was cited before some legal tribunal to show why he had dared to introduce the use of a poison? His justification was curious, and as it will serve to convey to you some idea of the state of medical science in his day, we will pause to relate it:—"You censure me for introducing the use of a poison," quoth Valentine, "but here your ignorance is rendered manifest. Antimony *is* a poison, *granted*, and on this very property does its value depend as a medicine, for by attracting to itself the poison of disease, it effecteth a cure; just like (what is a well-known fact) that no treatment it so efficacious for the bite of an adder, as the ashes of a burnt toad sprinkled thereupon!" An argument supported by a fact *so well known*, could not have been otherwise than satisfactory — the medicinal use of antimony was permitted *of course*.

The fifteenth century produced a most extraordinary individual indeed—the frantic Paracelsus Bold to temerity, and more ignorant than bold, he shook the dark fabric of alchemy to its very foundations, and gave place to a better state of things.

Few individuals have unintentionally and unwittingly done so much good as Paracelsus. Born as he was in a time when all was bad, subversion and improvement were synonymous and convertible terms. To overthrow previous opinions, to oppose the cherished foibles of his day, to plunge headlong into the vortex of angry dispute, and to clash with the elements of dogmatism and conceit — these were the amusements of his life. Opposition to Paracelsus was all in all, and it mattered little to him whether this spirit were indulged against theology, chemistry, medicine, or metaphysics. He began his career by making a bonfire of all the chemical and medical books he could lay his hands upon, declaring that the very strings of his shoes contained far more knowledge than all of them put together! During a period of ten years he says he never opened a book, and that his whole library consisted of merely *ten* sheets.

There is some uncertainty whether he ever received a regular medical education; but according to his own account he took a medical degree, which implies a regular college education. He tells us, in the preface to his 'Chirurgia Magna,' that he visited the universities of France, Germany, and Italy, and modestly assures us that he was the ornament of every school in which he studied; that in search of information he traversed England, Spain, Portugal, Prussia, Poland, and Transylvania, where he not only profited by the information of medical men, but also derived much precious knowledge from *old women*, *gipsies*, *conjurors*, *chemists*, *priests*, *tinkers*, and *barbers!*"

The ultimate influence of such a restless spirit as that of Paracelsus, has been productive of the most beneficial consequences; people at length learned to think for themselves, and alchemy declined.

To prosecute the history of our science further than the reign of the alchemists would indeed be a difficult task. Theory, from this period, begins to dawn upon the vast heaps of facts accumulated by those enthusiasts: our prejudices and sympathies begin to arrange themselves under different banners; impartiality of narrative becomes difficult, and history moreover would require to be elucidated by reference to facts and theories not yet developed. Here then our specific history of chemistry had better cease, all other remarks relative to its progress being incorporated with scientific details.

Chemistry has made more rapid strides towards perfection, than perhaps any other science whatsoever, a circumstance which cannot excite our wonder if we remember to how powerful an agent it first made its appeal; I allude to the avarice of mankind. Incited by a vain desire to accumulate immense riches, and to become immortal, there were undertaken the most laborious investigations. Nature was ransacked to her utmost depths, and the amount of patience expended in vain attempts to discover the philosopher's stone, seem to us almost incredible.

These preliminaries being settled, I shall proceed on the occasion of our next meeting to commence the scientific portion of this course. Chemistry presents a most extensive field for your study and admiration; discovery has proved that this earth with its surrounding atmosphere, is composed of certain elements united together in various ways, nay, probably the whole material universe may be found to come under the same generalization. At present the number of these elements is believed to be *fifty-five*, but perhaps in the course of time, it may appear that the list is still defective. Besides the fifty-five simple, or elementary bodies, all of which possess *weight*, there are other agents, namely, *light*, *heat*, and *electricity*, which either do not possess that quality at all, or in a degree too slight to be appreciated, hence they are usually termed *imponderable*. Now, all these various elements,—all their combinations,—and all the agencies by which these combinations are affected, come under the jurisdiction of chemistry. You may imagine, therefore, how widely distant must be the boundaries of this science, and how hopeless would be the endeavour of its perfect exploration.

DISEASES OF THE TONGUE.

By W. T. KAY, Esq., M.E.S.L., &c.

Continued from p. 41.

SEVERAL cases, in which there appears *syphilitic* affections of the tongue, will require more particular notice. Eruption in syphilis do not always affect the cutaneous surface. Venereal sore-throat is a *syphilitic* eruption of the throat, generally lepra, or psoriasis; this may affect the tongue as well, and then assimulate a good deal in its appearance *the affection of the tongue* in dyspeptic cases. The tongue is much enlarged, the papillæ are larger, there is a longitudinal fissure along the median line, formed in this way; the structure of the tongue along the median line is more dense than on each side of it, and therefore does not so readily swell; so that the longitudinal fissure in those cases is formed by the bulging of the swollen sides of the organ; you have the transverse fissures as well. In some cases the syphilitic affection assumes a different character; besides the fissure you have enlargement of the individual papillæ, and superficial ulcerations here and there.

In other cases it is again different. A person has a primary sore, which heals; eruptions appear on the surface of the tongue of the size of sixpence, presenting a thickened white cuticle over enlarged papillæ. In these syphilitic cases no peculiar treatment is necessary; for the tongue, you must treat generally by mercury, sarsaparilla, and just as you would conduct the treatment of syphilis, which we cannot enter into now. When the tongue has once been much enlarged, it seldom regains exactly its natural size. There are other cases in which ulcers occur, and in which little is observed besides; spots of lepra or psoriasis, which ulcerate readily on mucous surfaces. They are often

very painful, and indeed may last a long time if not properly treated; usually they yield to small doses of mercury; sometimes they follow syphilis a long time afterwards. A gentleman had syphilis, he took mercury and got well; afterwards he had eruptions, which again yielded to mercury; six months afterwards pimples and leprous spots appeared on the tongue, which were very painful, impeding deglutition: he had had syphilis two years before; he had no other symptoms, and was healed with tonics, alkalies, sarsaparilla, and arsenic; at last little conical scales appeared on the scalp very much like syphilis, which yielded directly to Pil. Hydrarg.; but this was continued only three weeks, and he had a return of the eruption; he was then put under a gentle mercurial course for two months, he recovered, and has not had any return of the disease.*

But you may have ulcers like these *independent* of syphilis, as you may have syphilitic and other kinds of lepra. Sometimes in dyspeptic cases you will see them; blue pill will prove beneficial, but will not cure them as it will the syphilitic cases. There are diseases of the tongue which have not been described, but have been confounded with malignant disease, although they are not of that nature. Sir B. Brodie has not examined them by dissection. There is enlargement of a part of the tongue of the size of a nutmeg, with no defined margin, it is elastic and not hard. There is another of the same kind in which the tongue is much enlarged, and a small abscess breaks on the surface of the tumour, with a slight discharge of pus; there is a narrow opening admitting a probe a good way, obliquely, under the mucous membrane; similar ones form by-and-by with a disposition to heal, they are very painful. You are apt to suspect the disease to be malignant, but may always cure it; give "Liq. Arsenitis m. iv, vel m. v. ter die," and increase the dose—you must give it till it affects the system, until it gripes, purges, produces sickness, trembling, and irritation of the rectum, then leave it off and generally the disease will be cured. This disease is not very common, and Sir B. Brodie has only had twelve or fourteen cases in all his practice. One woman, who got well under the above treatment, had no return of it at the end of a year. Some people cannot take arsenic, others have got well under sarsaparilla, the oxymuriate of mercury, and simple attention to the digestive organs, but the former with sarsaparilla is most successful. Some exceedingly painful ulcers on the tongue have been cured without the removal of the part; and certain obstinate cases have yielded to the repeated application of leeches under the tongue, after a vast number of other remedies had been tried in vain. A woman, thirty-five years of age, subject to cutaneous disease, and ill-conditioned ulcers, complained, for seven or eight months, of little swellings, accompanied with heat and pain, which made their appearance on the edge, and towards the apex of the tongue. At length the part began to swell, harden, and to be the seat of lancinating pains. Its surface became irregular and rough, and all one side of it was considerably swollen. The patient could not put her tongue out of her mouth, nor swallow anything except liquids; and her breath was intolerably fetid. Various sedative remedies had been employed without success. Cicuta had been used as a topical application; it had also been exhibited internally in large doses; the patient had taken, for a long while, the bichloride of mercury, but nothing proved of any avail. At length the patient was so tired of trying the effect of applications and medicines, that she gave them up entirely, and contented herself with trying the experiment of keeping honey continually in her mouth. As this method seemed to give her some ease, she was prevailed upon to persist in it, and in this way the pains were gradually appeased, the swelling was diminished, and, at the end of two or three months, she was quite well, except that an indurated cicatrix remained on the part affected, and considerably obstructed the extension of the tongue on that side. †

On this case, however, it might be remarked, that the retardation of the cure seems also ascribable to the injury of the health produced by the hemlock, mercury, &c., &c.; that the amendment following their discontinuance, might rather have arisen from the consequent improvement of the patient's health than from any effect of the honey.

Some inveterate diseases of the tongue may be cured by hemlock. In the *Encyclopédie Méthodique*, art. *Langue*, is mentioned an instance of a very unhealthy-looking ulcer, near the apex of the tongue, attended with a considerable thickening of the part, and of some duration, which was cured by giving large doses of cicuta. But of all medicines which have the greatest reputation for their beneficial effects upon malignant ulcers of the lip and tongue, none perhaps is deserving of so much confidence as arsenic.† Mr. Earle speaks very highly of the beneficial effects of hyoscyamus; he speaks also in praise of the pulp of carrots, retained on the ulcer, and frequently changed.‡

* Extracted from unpublished Lectures on Surgery, by Sir Benjamin C. Brodie, Bart., F.R.S., &c.

† Cooper's Surgical Dictionary, p 1247.

CASE OF TRAUMATIC TETANUS FROM A LACERATED WOUND OF THE THUMB AND FOREFINGER.

(For the Medical Times.)

William Horne, aged 32, a carter, attended on the 9th of March, to have his hand dressed, having just received a lacerated wound of the forefinger and thumb, while unloading a cart of mud. He is a spare, though exceedingly muscular man, has enjoyed excellent health up to the present time, but has been in the habit of living *very freely*.

The wound was cleansed and strapped, and a bread and water poultice applied over the dressing: ordered a purgative draught. It was almost healed, when on the 17th he felt a stiffness at the back of the neck; the next day this had increased, attended also with a tenderness about the abdomen. On the 19th, in the morning, his jaw felt stiff, and this was accompanied with difficulty in swallowing liquids; this so alarmed him that he immediately applied to the hospital to be admitted as an in-patient.

19th, 3 p. m. Was ordered Ext. Coloc. gr. iij, Hydr. Chlorid. gr. ij, ft. pil., take two immediately. Mag. Sulph. ʒiij, Acid. Sulph. Dil. ʒiss, Inf. Rosæ ℥viij. Take two tablespoonsful every hour, until well purged. Ext. Belladonna ʒj, Sp. Vin. Rect. ʒiij, Aq. Fervent ʒij, to be made into a thick paste and spread on lint and applied to the finger and thumb, and over the temporal and masseter muscles. In four hours he was able open his mouth; he describes it as being at first warm, and then a sensation as if the sinews were parting; he then attempted to open his mouth, which, as I have before stated, he accomplished.

20th. Complains of twitchings in the face and back, spasms in the calves of the legs, and also of inability to sleep. Being very much purged he was ordered to discontinue his pills and mixture, and take Pulv. Ipecac. co. gr. x., every three hours in a little gruel. As he complained of tension about the region of the bladder and inability to void his urine, a catheter was passed, which eased him very much. He swallowed some sopped bread, and two or three small pieces of meat; even after doing so he complained of an acute pain at the lower part of the sternum piercing through to the back.

21st. During a fit of exacerbation, the aspect of the patient was frightful. The forehead was corrugated and the brow knit, the orbicularis muscle of the eye rigid, the eyeball motionless and staring, the nostril spread, the corners of the mouth drawn back, the set teeth exposed, and all the features fixed in a ghastly grin, forming the true *risus sardonicus*. When blown upon the convulsions were dreadful. Ordered Beef Tea ℥xxx, Pulv. Doveri gr. xv, every four hours, the belladonna to be discontinued.—Evening: Perspires greatly, ordered ale and toast with grated nutmeg.

22nd. Pulv Doveri continued, and injections of Mag. Sulph. occasionally.

23rd. On visiting him this morning, found him asleep and perfectly still, the muscles being all relaxed, even the abdomen was soft and yielding. The patient awoke from the abdomen being touched, and immediately the spasms returned; but in the afternoon, on going into the ward, I observed that he was asleep again; cautiously removing the clothes, I observed that the abdomen was soft, and that the femoral muscles were in a state of quietude. Having occasion to awake him in order to administer his medicine, I observed that immediately sleep left him the spasms returned, and this time they were so violent that he had *opisthotonos* and *pleurosthotonos* both at the *same* time, a thing extremely rare.

24th. Continue the Pulv. Doveri, and injections of Beef Tea; sleeps very much, and does not complain of the spasms so much as yesterday.

25th. Had stewed eels for dinner, but as they seemed to have disagreed with him, was ordered Pulv. Opii. gr. iss., Hydr. Chlorid. gr. vj., fiat pulvis, to be taken immediately. Pulv. Doveri gr. xx. every four hours; does not feel so well; bowels open; pulse 75 and strong; risus sardonnicus not so well marked, but the stabbing pain from the sternum to the back is more acute, and recurs at shorter intervals than before; the jaw and neck is much more painful, and the abdomen as hard as a board.

26th. A clyster was administered this morning; continues the porter with ginger instead of nutmeg; complains of being weak and worn out; breath extremely fœtid. At half-past one, when asked by one of the surgeons to show his tongue, was unable to do so; but at 3 o'clock, when asked to make another attempt, he opened his mouth as well as before he was attacked with trismus; this was remarked particularly at the time, and was said to be either a fortunate turn of the disease or a sign of his dissolution.—Evening. Jaw still continues free from spasms; perspires profusely; tongue loaded with a thick brown fur, dry, and intensely hot; the *pleurosthotonos* has returned, but is *not* accompanied by the *opisthotonos*; the stabbing pains in the chest have also returned, and continue to do so at intervals of ten minutes.

27th. Half-past 6 a.m. A visible change took place, the spasms returning with greater violence, and threatening instant dissolution; ordered wine with opium; tongue cracked and dry; pulse 50 and feeble.

8 o'clock. Spasms have never ceased, and he now wishes to see his wife, as he says he cannot live much longer; the *pleurosthotonos* and *opisthotonos* recurred at the same time; abdomen very tense, and the jaw quite fallen on his chest, the spasms not seeming to affect either the jaw or neck. At a quarter to ten, complaining of inability to expectorate, he was at his own desire lifted on his knees, a spasm seized him soon after, and he expired exactly as the clock struck ten.

I regret to say that his wife would not permit a post-mortem examination of the body.

Remarks.—As sleep appears to have some influence in allaying the violence of the spasms, would it not be advisable to procure sleep for the patient, by giving large doses of narcotics in a liquid form? Mr. Abernethy said that he had found enough undissolved pills of opium in the stomach after death to poison a dozen healthy persons; either laudanum, therefore, or a solution of the acetate, or of the muriate of mor-

† Med. Chirurg. Trans. vol. viii, p. 201.

‡ Med. Chirurg. Trans. vol. xii, p. 265.

phia may be administered, in my opinion, with some benefit. And it would be well, I think, to combine the external use with the internal administration of opium; to blister the spine, and strew the blistered surface with powerful acetate of morphia, while you give it in solution by the mouth. In the case which came under the care of the late Sir Anthony Carlisle, some time ago, and where the patient recovered, the belladonna was applied, weak at first, and the strength gradually increased. The man is now a patient in the hospital, with a bad leg, from a blow on the shin, but he has never had the least symptoms of tetanus since.

SELECTIONS FROM FOREIGN JOURNALS.

ON THE PUERPERAL FEVER OBSERVED IN THE HOTEL DIEU, AT PARIS, IN 1840. BY M. BOURDON.

The principal interest of this paper, is in the account of the morbid appearances. In one case the only appreciable lesion was a slight effusion of reddish serum into the peritoneal cavity, holding in suspension small flocculi. In another there were all the anatomical alterations which characterize uterine phlebitis, but the most minute examination failed to discover the slightest quantity of pus deposited in the serous or sinovial cavities, or infiltrated into the cellular tissue of muscles, or of any organ. In a third case there were all the degrees of softening of the uterus, described as gangrenous metritis, or putrescence of the uterus. Besides this gangrenous softening of the internal surface of the uterus, a perforation through the whole thickness of its walls had taken place. There were also traces of severe peritonitis, with fetid blackish effusion, the serous cavity communicating externally by perforations of the uterus. The sub-peritoneal cellular tissue and the subjacent muscles were infiltrated with pus of the same nature; most of the organs were softened, and the small intestines were ulcerated without traces of surrounding inflammation. Another case offered all the characters of the pyrogenic fever of M. Voillemier. Pus was infiltrated in the cellular tissue of the limbs at their posterior part, and under the peritoneal covering of the uterus, without trace of phlebitis, inflammation of the uterine lymphatics, or metastatic abscess in the parenchymatous organs. In a fifth patient, all these lesions co-existed, pus being united into a focus, or diffused in the sub-peritoneal cellular tissue of the pelvis, almost all the organs being softened, but especially the right lung, which broke up or tore like the tissue of the liver, without losing its property of floating in water.

Some alterations were constant in all the antopsies. A detritus, blackish or of the colour of wine-lees, of a sickly odour, forming a layer of variable thickness over the internal surface of the uterus, the quantity being sometimes so great as to cause considerable enlargement of the uterus. It may be considered as the coagulated product of the lochial secretion, more or less putrified, as the layer of false membrane which sometimes covers the internal surface of the uterus may be regarded as a peculiar exudation, independent of all inflammatory action. The blood was remarkably fluid in the heart and vessels, and in every case there was softening, more or less marked, of the parenchymatous organs and of the heart.

The only means which appeared useful in the treatment, were methodical compression of the abdomen, and ipecacuanha. The author thinks that the latter does good, not only by exciting vomiting, but that it also acts in a "special unknown manner." Camphor in large doses, mercurial embrocations, blood-letting, and other usual means, were tried without good effect. Injections into the uterus appeared to be of service, by removing the collections of fetid detritus.—*Revue Medicale, Juin*, 1841.

During the last few weeks puerperal fever has been epidemic in Paris; and though at first of slight severity, it has become rapidly so intense, that M. Dubois has been obliged to clear his wards.—*Bulletin Generale de Therapeutique.*

ON THE CONTAGIOUSNESS OF PSEUDO-MEMBRANOUS INFLAMMATION OF THE MOUTH, PHARYNX, ŒSOPHAGUS, AND STOMACH. BY DR. KESSLAR, OF SAMTER.

On the 1st December, 1840, a robust woman, 20 years of age, after exposure to cold, was seized with the usual signs of this disease, which continued till the 13th day, when the false membranes began to be thrown off, and the whole condition of the patient improved. After some days more, she completely recovered.

Up to the fifth day of her illness she was nursed and watched by one of her relations, a woman named F. She, however, became ill, and then a woman, 40 years old, and of rather a weak constitution, was attacked with the same disease, with a remarkable predominance of the nervous symptoms. The place of both these was then taken by an unmarried woman, S., 27 years of age, who had been reduced by a very laborious life, and she also fell ill with the same symptoms on the 9th December.

At the same time, another woman, G., who lived in the neighbourhood, and had often waited on the preceding, sickened with the same disease. In her, it assumed many of the characters of typhus abdominalis, and she died on the 20th December.

Another woman, 28 years of age, of a rather weak habit, and very excitable, now came to attend on F. and S., and waited on them. She became ill on the 15th December, with the same symptoms, and the disease in her took the same course as in them, the nervous symptoms being much more than commonly predominant.

Her husband, a man 50 years old, who had drunk hard, and now attended steadily on his sick wife, fell ill with nearly the same symptoms on the 20th December, and in him the disease deviated from its usual course into an attack of delirium tremens.

There were thus six cases of this membranous angina, which in their mode of spreading evinced a contagious nature, and which at least seemed to spread only by contagion. The patients were of different ages and constitutions, occupied different positions, led different kinds of life, and for the most part inhabited different houses.—*Medicinische Zeitung, Mai*, 1841.

TWO CASES OF STRABISMUS CURED WITHOUT OPERATION. BY M. BEYDLER.

A woman, 33 years of age, regular in menstruation, had been affected with diplopia for six weeks. There was convergent strabismus of the right eye, apparently owing to paralysis of the external rectus. It manifested itself after noises in the head. Half a grain of strychnine was dropped into the eye daily, which was followed by amelioration, and complete restoration of the sight succeeded six applications of electricity, 20 or 30 sparks being disengaged at the external angle of the eye, at each application.

A man, 30 years of age, after acute mental suffering caused by his trial in a court of justice, suddenly squinted with the left eye. He was acquitted, and after 15 days, the two eyes became again perfectly parallel.—*Annales de la Societe de Med. de Gand.—Brit. & For. Med. Rev.*

MEDICAL NEWS.

Cambridge University.—Dr. Paget has been appointed medical examiner of candidates for licenses for the ensuing year.

The new Pharmaceutical Institution has enrolled 300 new members within the last fortnight.

A letter from Mr. Guthrie, the President of the Royal College of Surgeons, conveys the following important information:—"The Poor Law Commissioners have willingly consented to recommend to the Secretary of State for the Home Department, that no person shall be employed in charge of the sick poor, who is not duly qualified to act as a physician and surgeon, and apothecary, and they have acceded to their being paid in a fair and reasonable manner, the competition by tender being abolished. They have also agreed to pay liberally for capital operations in surgery, and for serious accidents; and will allow half-a-guinea for every case of midwifery in which the assistance of a medical man is necessary, and two guineas for every case of really difficult labour, in which the attendance of a surgeon is protracted."

Dr. M'Gowan will shortly leave Exeter for Palestine, as chief of the medical department for that province.

Microscopical Society.—The ordinary meeting was held on Wednesday last, Professor Owen, president, in the chair. A paper was read from Mr. Quekett, on the form of the hair in bats, and other bird-like mammalia. The most interesting part of the inquiry proved the existence of globes at the base of the hair, which gave to them an oscillatory motion favourable to locomotion. The varieties of hair in the different species were evidently adapted to their habits of locomotion or life. A bird of analogous habits, the *ornithoryncus* of New Zealand, which burrows in the earth like a rabbit, was also shown in the character of its hairs to resemble the mole. Every species of bat was infested by its own particular parasites, which resembled those of birds. Mr. Bowerbank noticed a fallacy produced in mounting glasses with microscopical objects, where a solution of salt and water was used in fixing gold size. He had often been deceived by appearances which afterwards had been proved to result from the presence of organic bodies; and in connexion with this subject it was stated by the President, that crustacea have been found in strong concentrated solution of salt water in as high a degree of organisation as common shrimps.

Mr. Guthrie gives a Clinical Lecture at Westminster Hospital this day, 30th Oct., at half-past one. We shall give the lecture in our next number.

Report of the Poor Law Commissioners on Irish Medical Charities.—The authors of this report seek to have the management of Dispensaries and Fever Hospitals connected with the administration of the Poor Law, and the entire of the funds requisite for their support, raised as a portion of the poor-rate. "In some of the Dispensaries," they say, (p. 3,) "it appears that all the working classes, including farmers, independent of such a resource, consider themselves entitled to Dispensary attendance, and usually obtain it. In other districts, persons of re-

spectable station, *possessing one or two hundred acres of land, as well as money and other property*, obtain gratuitous medical attendance for themselves and families. Some proprietors, it appears, recommend all their tenantry, rich as well as poor, for Dispensary relief, including domiciliary attendance. Yet the rules of all these institutions specify that relief shall be given to the poor only. In many cases this rule is adhered to, but in *a far greater number it is not enforced.*" The Board of Guardians for the Derry Union have, in a representation made to the Poor Law Commissioners, signified their acquiescence in all the "remedial measures" recommended by them; only that they are of opinion that County Infirmaries, as well as Dispensaries and Fever Hospitals, ought to be supported out of the Poor rates.—*Abridged from an Irish Paper.*

CHARING CROSS HOSPITAL.—MR. HANCOCK performed the operation of cutting off the ends of a disunited fracture of the radius of six months standing, on Saturday, 9th instant. An incision was made along the outer side of the fore-arm, a little below its middle, and the ends of the bone having been turned out, without the division of any muscular fibres, except the radial origin of the Flexor Policis Longus. By one application of the saw the ends of fractured bones were removed. The operation was performed with rapidity and steadiness, and without any hæmorrhage. Some slight accession of fever on the ensuing morning required antiphlogistic measures, judicious employment of which have restored the patient to a suitable state. The wound in the integument is now healed, and the parts placed *in situ*.

At the meeting of the Guardians of the South Dublin Union, Sir H. Marsh, Bart., M:D:, and Dr. Cusack reported, that "at the request of the committee formed from the board of guardians of the South Dublin Union, they had inspected the hospital and other medical and surgical departments of that institution, and that they were of opinion that £60 per annum to each of the medical officers placed over those departments is not by any means adequate to remunerate a perfectly qualified physician or surgeon.

TO CORRESPONDENTS.

We are forced to disappoint our friends on the head of Dr. Sharpey's Lectures. We have gone to considerable expense in securing a correct report of his present Course, and the first of the series is actually in type, but having learned from the worthy lecturer that he is strongly opposed to all publication of his Lectures—a sense of delicacy wins from us an immediate acquiescence in wishes which, while we consider sacred, we cannot—less on our own account than that of the public—but deeply deplore.

S. J., LIVERPOOL.—*Our engagements to furnish missing Numbers at our expense only extends to Subscribers receiving their copies direct from our Office.*

A SUBSCRIBER FROM THE BEGINNING.—*We shall have our Index for the last Volume ready in a few days. We shall mention the day in our next Number.*

MR. BLITHEMAN'S *three Numbers are sent by this evening's post.*

MR. HOWLETT—*Will receive the Number required in a few days. We intend to publish another impression of most of the back Numbers.*

COL. F., MR. R., *Stirling*, DR. S., *Greenock*, DR. G., *Sligo* MR. J., *Hertford—safely received.*

F. R. S.—*The gentleman referred to is not the only M.D. who, by his faint denials, has causelessly taken our responsibilities. Our answer is, certainly not.*

We republish this day, for the convenience of Subscribers, a new impression of our last Number. Our ordinary impression, though an unusually large one, was bought up within three days of publication; we are bound to say that we have learnt that we are indebted for part of this circumstance to the pecuniary exertions of Dr. Kerrison.

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THE MEDICAL TIMES.

SATURDAY, OCTOBER 30, 1841.

Worth makes the man, and want of it the fellow!
POPE.

IF ever a public body stood irrevocably condemned at the bar of public opinion, that body is the Royal College of Physicians. The annals of corruption and misrule, long as they are, present no instance of a National Institution so completely given up on every side by all who have no immediate personal interest in its continuance. Does it demand confidence from its own members? Its members impeach it before Parliament. Does it go from these to the general practitioners? The whole army is leagued against it to a man. Does it carry its complaint to its brother corporations? These report it as incompetent and antiquated. Does it resort to the press? The press, so conflicting on all other matters, is unanimous in denouncing it. Does it appeal from all these to the public? The public have never spoken but to reprobate it. A National Institution established for the good of the profession and the public—it can ask no portion of either for its opinion, and not receive a flat and unreserved condemnation! Alas! poor College, it is in the last stage of crumbling existence. The stranger has but to glance at its propless and unbuttressed sides to give a certain prophecy of its approaching fall.

But we are hasty: there is a body—the fact must be admitted, cost what it may—there is one, sole, exceptional body that stood by the College when all others deserted it—that lauded, when all else hissed—that petitioned *for*, when all others petitioned *against*—that body, "faithful among the faithless found," was the College itself.

Nay, while doing justice to the College, we may go yet further in our admissions; and conceding that gratitude may operate even on worthless minds, we must frankly own that it has for supporters all those with whom it has been so long linked as great dormant partner; that, with its own applause, it has the grateful support of all the quacks and unlicensed practitioners of the empire!

Yes, the fact must be admitted; the scourges of the profession have the congenial support of the scourges of humanity!

There are some persons who, joining as heartily as ourselves in the condemnation of the College, yet expect that it will redeem us from itself; that, forgetting its own interests, it will revolutionize itself for the good of the community. Such persons revive the worst absurdities of the French expectant system—they await the result of nature's efforts when nature has obviously not an effort left in her. Acting consistently, they would be capable of waiting for the Thames to flow itself dry to afford them a land passage.

Misgovernment, such dreamers should know, is the natural course of an irresponsible corporation; and as long as there shall exist the well of discretionary powers for its source, so long may the world rely on it, like the stream of Horace's clown,

"Labitur et labetur in omne volubilis ævum."

There never yet, that we know of, was a public power of any long standing, from the Judges of Israel down to the Corporation of Dublin, that knew how voluntarily to resign in due time, and in an honest spirit, the peccant part of its authority. The long possession of power begets a phrenzied love for it; and those in the enjoyment of the pleasure can rarely be made to know the real pressure of danger till its consequences are actually before them. A shadowy chance is to them as a certainty: a hope abstractly possible of realization as a probability, and thus deluded, they go on like Napoleon in 1814, higgling about every successive point of concession till they are taught, at cost, the whole extent of their folly by the loss of the whole extent of their power.

We hold it, then, for a certain maxim, that self-reformation is a grace not predestined for those babes of all other graces—the Elects of the Royal College.

We are not ignorant that, in giving this opinion, we shall be reminded of the boon recently conferred on the body of licentiates, who may now become fellows,—if the old supporters of the exclusive system will only have the goodness to elect them. Petty as is the concession, and tardily as it came, we are yet surprised that it was ever made; but so far is it from militating against our opinion, that if we were even to forget the littleness of the thing itself, there is in the huxtering that marked its grant more than enough to make us put it in the class of examples, rather than in that of exceptions. The whole profession, backed by the voice of the public, were thundering at their door for equality of privilege where there was equality of merit—for the equal government of all,

where all were equally enlightened; their demand had been heard in Parliament—there was a certitude of its ultimate success—and this was the moment when the College gave *possible fellowships* to the great body of non-graduates! We can hardly speak of the boon with patience. It was not eligibility, but election that was sought—not a chance of justice, but justice itself. While the power of choice remains where it is—reserved in irresponsible hands—specious eligibility is but an abstract existence, an insulting nonentity. Like the gratia sufficiens sed non efficax, ridiculed by Pascal, it is at best but a possibilitas non possibilis.

If the heads of the College think, by giving a privilege—which extended on the most liberal scale—can concern so few of their outlawed members, that they have made their peace with that large section of their body so long insulted and injured, it is as well to tell them at once that they grossly deceive themselves. Gentlemen who have passed their lives in the most elevating of all branches of human inquiry—the Elite of British Literature—will never be content to go about with the hideous name of Licentiates—the permissi, forsooth—badged before the public as inferior members of an institution, to an equality in which, as regards every thing that can confer real equality, they have been declared worthy by the very men who thus dare to degrade them. Differences of rank in a learned profession governed—as ours is ostensibly—by its own members, can be justified only by differences of scientific attainments, or differences of governing powers. As there is but one examination for Fellows and Licentiates—and that not a comparative one—the majority (passing it as they do, precisely as the minority) would be worse than infatuated if they could consent to self-given distinctions on the part of some, when the qualifications they represent are shared in common by all. And as regards the other point, we much mistake the high spirit of our brethren if they would allow—so to speak—of any political or administrative superiority which had not its origin in the will of the body for whose good it may be required, or suffer, under any circumstances, the arbitrary rule of a junta, who, with interests in direct opposition to theirs, may make or neglect what laws they please, without fear of accountability to any power under Heaven.

Self-election and irresponsible power is an anomaly in British Government, and that they exist but in that small clique which governs the most enlightened class of men in the empire—only makes the anomaly more frightful, inasmuch as the abuse or neglect of its functions affect alike the interests of thousands, and the health and happiness of millions. If the College wish really to conciliate, they must forthwith rid the profession of this disgrace, and hasten to throw overboard every other power or privilege which produces dissatisfaction and ill-will amongst its members, or inflicts injury to the most important of all interests—the health of the community. Nothing short of this can save the present governing body.

For the paltry concessions they have hitherto given, we feel the most consummate contempt. They exhibit the meanest of spirits, shown in the meanest of ways. We should infinitely have preferred to have seen them standing boldly by all the abuses they so unscrupulously profited by while it was safe to profit by them, and bravely falling with them, if they were doomed to fall, consistently defending them to the last. There would have been pluck in this, if there would not have been policy; in the course they have taken there is neither pluck, policy, nor decency.

MEDICAL REFORM.

The British Medical Association held its Annual Meeting on Thursday, the 21st inst., at the London Tavern, Bishopsgate Street. The attendance was select, but far from numerous.

Dr. Webster, of Dulwich, on taking the chair, briefly summed up the objects of the society, and expressed great pleasure in being able to mention the fact that 52 new members had enrolled themselves during the last twelve months.

The Honorary Secretary then read the Report of the Council.

J. Curtis, Esq., moved the adoption of the report, and expressed his satisfaction at the success which had already attended the Association's efforts, and at the flattering prospects of further usefulness which seemed to await it in the future.

Septimus Reed, Esq., seconded the resolution.

William Eales, Esq., proposed the next motion, which was seconded by C. H. Hoyland, Esq.

That Dr. R. D. Thomson, (now of Glasgow,) William Tucker, Esq., Market Lavington, Wilts, J. Burrowes, Esq., of Stonehouse, Secretary to the South Devon Medical Association, J. H. Nankwell, Esq., of Saint Columb, Secretary to the Cornwall Medical Association, and C. H. Higgins, Esq., of Taunton, Secretary to the West Somerset Medical Association, be elected Corresponding members of this Association.

Edward Crisp, Esq., then submitted a resolution, proposing a general convention of delegates from all the Medical Reform Associations in the Empire, to act as a permanent committee, to watch over the interests of the profession. This was seconded by Mr. Bottomley, of Croydon, and unanimously carried.

Dr. J. R. Lynch, after a very elaborate declamation, moved the next resolution.

That the principles of this Association, contained in their outlines of Medical Reform, and those recognised by the Medical Conference of Great Britain and Ireland, comprising incorporation of the whole profession, representative government, with uniform qualifications and equal privileges, be laid before the ministers of the crown, and that they be requested to bring the subject of Medical Reform before Parliament, on these principles, as a government measure.

Dr. W. Ifill briefly expressed his warm approval of the resolution, and felt great pleasure in seconding it.

Dr. Marshall Hall, in moving the fifth resolution, viz.,

That as many persons from ignorance or design speak of the destruction of existing medical institutions, and of the present distinctions of the profession into consulting and general practitioners, as principles of this association; Resolved, that such a statement is a complete and unjustifiable misrepresentation of these principles.

observed, that it was too true that the objects of the Association had been misrepresented. It was no part of its designs to injure, far less to destroy, existing institutions. Its objects were, on the contrary, to effect a decided reform in them, to render them more worthy of the profession and of the public, and in every way more honourable and useful. He would illustrate his observations. The Society of Apothecaries, at present degraded by its very designation, and still more by its trade in drugs, had notwithstanding in many respects done good service to the medical republic. What should prevent this society, together with all other educated practitioners throughout the kingdom, from becoming the British Faculty of Medicine? Would it not be greatly raised by the transition? It must at the same time become representative, be governed by just and equal laws, demand high qualifications in its candidates, and be fully empowered to protect its members, whom it should, with similar institutions in Edinburgh and Dublin, empower to practise every department of medicine and surgery in every part of the British dominions. The ignominious title of apothecary should cease, and be replaced by that of "Member of the Faculty.

But every thing should be as free to all as the air we breathe, and there should be nothing to prevent each member of the faculty from adopting the line of practice which he may prefer. If he chose to practise generally, be it so, but if he choose to become a consultant, physician, surgeon, or accoucheur, he should be free to do so too. His examination, on entering the faculty, will secure to the physician a competent knowledge of surgery and obstetrics, and to the surgeon a competent knowledge of medicine.

But the consultant—the physician and surgeon—will join their respective colleges. And here we are led (observed Dr. Hall) to see how these institutions, being reformed, may in reality become as useful and honourable, both to the profession and the public, as they have been selfish and negligent. The distinctions in them must cease. In the College of Physicians there must be no distinction of Fellow and Licentiate, (or—if any prefer a mitigated term—of Member). If a physician be entitled to take the charge of the health and life of a fellow-creature, he is entitled to undertake every minor duty, and to enjoy every honour, of our profession. Can anything be more unjust than to confer the license to practise, and to exclude from minor offices? Such distinctions must cease. The College must consist of Fellows only. It may impose its curricula, its requirements—the higher these, the better—but having approved of its candidates, it must admit them, *bonâ fide*, *toto cœlo*.

Is such a plan as this destructive? Is it not one which will render the Colleges not only sources of honour and distinction, but of many and substantial advantages? We should not then have our provincial physicians, for the most part—I do not say illegal, but, unlegalized practitioners.

What I have said (observed Dr. H.) of the College of Physicians, must be understood of the College of Surgeons. We would reform, we would render these institutions liberal, generous, beneficent, protective from being—but I leave this hiatus for you, Gentlemen, to fill up. I must now (continued Dr. H.) briefly

touch upon a point which concerns myself. On the occasion of our Anniversary last year, I had the honour of giving the oration. In that oration, the following passage occurs:—"If I were offered the Fellowship,—an event the most improbable,—if from no other cause—from the very circumstance of the frank and honest expressions contained in this very address,—I certainly would not refuse it; but I would raise my feeble voice within the College, and plead there the just cause which I advocate amongst you this day—the cause of *equal rights and privileges to all* in our profession, high or low." What was my surprise, and that of my friends, to find that I was voted the fellowship! What was to be my conduct on the occasion? Was I to belie my own words? I accepted the fellowship. I alluded to the subject when I appeared as your delegate at York, in the following terms: "I have been arraigned for my conduct in this instance. But, Gentlemen, I beg leave to state to you, that, as hitherto, so henceforth, I shall maintain my independence, my right to judge for myself, and act for myself. I chose to accept the Fellowship because it was my right, because it disarms any from saying that my efforts in the cause of reform are stimulated by disappointment—because it gives me the opportunity of pleading, where it ought to be pleaded, the cause of medical reform—and because I saw no good arising out of a contrary course pursued by several others, however applauded. I accepted the fellowship because I had publicly pledged myself to do so in my annual oration delivered before the British Medical Association, at its last anniversary; *then*, if ever, should exception have been taken to my views, I accepted the fellowship because I did not choose that *any one* should presume to dictate to *me* the course which I ought to pursue. Lastly, I accepted the fellowship because I think union and fellowship for the profession productive of good; I think of the divisions in its ranks as I did on the occasion of giving the oration to which I have alluded—divisions, which, as they deform our profession, should cease for ever!"

These observations would show how far he (Dr. H.) was from desiring to injure exisng institutions, and he believed the Association to be of one mind on this point. He concluded by again reading the motion which it has been his duty to lay before them.

Edward Crisp, Esq., seconded the motion. It was commonly thought that they wished to destroy the present institutions. They wished only to make them show a little more harmony with the common precepts of right and justice.

J. Howell, Esq., moved a resolution condemnatory of the Vaccination Act, and of the present system of poor law medical relief, and declared that the medical attendant of the union in whose district he lived, was not a resident of that district, and possessed no legal qualification.

Reginald Read, Esq., seconded the resolution.

Mr. Curtis then entered into some details proving that the present low rate of medical remuneration tended greatly to spread small-pox.

The business of the meeting being now finished, Professor Grant was called on, and read the annual oration. It was an elegant and, of course, extremely clever performance. We hope to revert to it some future day.

The dinner followed. On the removal of the cloth, several speeches of very unequal merit were given: we have only space to give that delivered by Dr. M. Hall, who in rising to propose "Success to Medical Reform," observed, that he would not say that the subject he had to introduce was a stale one; for though becoming old, it was like good wine, the better for being old. He had already had occasion to explain, that the object of the Association was the perfect reform, in the best sense of the word, not the destruction, of existing institutions. When the members of the profession were united by incorporation, raised by raised qualifications, when they participated equally in the medical government, when they were protected in their rights, when unjust distinctions were removed,—then the more immediate office of this association would cease, and it would, having fought the battle, and achieved the victory of medical reform, only have to mount upon its watch towers, and guard the citadel against the incursions of any insidious foe.

There was one subject which the Association had discussed before dinner, to which he (Dr. H.) would beg to revert. They had proposed to invite other associations to co-operate with them in their grand object of Medical Reform. Dr. H. perfectly concurred in this proposition, with one exception in favour of the Provincial Medical Association. That association, Gentlemen, (he continued,) is not a reform association. But that very day, he (Dr. H.) had conversed with a gentleman, who had travelled with several fellow-members of that association, and amongst the number, was its founder, Dr. Hastings, and it was agreed between them, that medical reform constituted in reality no part of their objects. It was even suggested that the discussion of that subject should be postponed *sine die*. This, Gentlemen, (said Dr. H.) I saw as plainly as I now see you, but with very different feelings, when I attended as your delegate at York. I thought of the Association at that time as of an obstinate lady, (their mode of reasoning is really so similar,) and the following *poetic* lines occurred to me:—

"O, who's the man that hath the skill
To regulate a woman's will,
For if she will, she will, you may depend on't,
And if she won't, she won't, and there's an end on't!

In one word, Gentlemen, and with it (said Dr. H.) I will cut this question short—the lady WON'T! and I advise you hereafter to understand the matter aright. Having already explained the views of the Association on the subject of Medical Reform, he (Dr. H.) would now beg to introduce one or two topics to the notice of the meeting, which could not fail, he thought, to interest them. In the first place, he would briefly notice a printed letter which he had received, a day or two ago, from Mr. Farren, Actuary of the Asylum Assurance Office. (These gentlemen of the Assurance Offices do certainly possess great assurance!) He had replied to Mr. Farren, that being a member of the British Medical Association, he was *pledged* not to reply to such printed letters without the pittance of a fee. Dr. H. observed that no set of men were so ready, so desirous of doing good, out of pure benevolence—no set of men did give up so much time and bestow so much labour, in doing deeds of charity, as the members of the medical profession. But they had gone too far; for they had foregone the just recompence of their time and labour, and of their skill, where charity was entirely out of the question. The case of insurance offices was a glaring instance of this. Dr. Hall begged his fellow-members to continue their career of charity, but not wantonly to forego their rights—the rights of their own families—their children's rights!

In conclusion, he must again allude to a subject which he had already noticed. I have, said he, accepted the fellowship of the Royal College of Physicians. In doing this I have maintained my consistency, my honour, my word pledged to you a year ago. Would you have had me act differently? But I have again introduced this remark in order to say a word on one point of the eloquent oration we have heard this day from Professor Grant. That gentleman has again applauded the much-applauded gentlemen who have refused the fellowship. But let me ask *you*, are not these very gentlemen members of the senate of a new university, which has been characterized in the same oration, as self-elective and irresponsible—in a word, as being as corrupt as any of the older institutions? Has it not formed a coalition with that very College of Physicians? It is in reality but the choice of *cliques;* and have these same gentlemen done anything for our present object, viz., Medical Reform? or, lastly, are they members of our own Association—that being the touchstone of the genuine Medical Reformer? I leave these questions with you, and conclude by proposing to you as a bumper toast—"Early an complete success to the cause of Medical Reform!"

ADVICE TO A PHYSICIAN,

AFTER THE MANNER OF SWIFT.

"If you have graduated at Oxford or Cambridge, where the practice of medicine is less taught than any other science, you must give yourself credit for great medical attainments, and assume an air of importance, as being, in your own opinion, superior to all those whose degrees have been derived from Edinburgh, or any other university, where every branch of useful learning, necessary to constitute the complete physician, is more particularly cultivated.

"At the onset of your practice, you will contrive to publish a medical Essay on some popular subject; such as Gout, Rheumatism, Scrofnula, etc.; and those who are the martyrs of such disorders will naturally send for one, who thus appears capable of instructing his brother practitioners.

"You will have no difficulty in composing a book; a pair of scissors and some paste are all the requisites; have two or three authors on the same subject before you, ticketed No. 1, 2, 3; cut out such passages from them as seem suitable to your purpose, taking care to interpose No. 3, 1, 2, in so mixed a way, as to prevent the charge of plagiarism. You can paste them together on plain paper, so as to be read tolerably well, as if all were of your own composition.

"You must have a proper degree of friendly feeling for your brother practitioner; and, to shew he has proceeded with perfect correctness, you must boldly advise, that the last prescription of your friend should be persevered in, and that the dose be doubled!!

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths from all causes, registered in the week ending Saturday, the 16th October, 1841:—

Epidemic, endemic, and contagious diseases	139
Diseases of the brain, nerves, and senses	145
Diseases of the lungs, and other organs of respiration	231
Diseases of the heart and blood-vessels	18
Diseases of the stomach, liver, and other organs of digestion	71
Diseases of the kidneys, &c.	4
Childbed, diseases of the uterus, &c.	8
Diseases of the joints, bones, and muscles	1
Diseases of the skin, &c.	2
Diseases of uncertain seat	111
Old age, or natural decay	54
Deaths by violence, privation, or intemperance	24
Causes not specified	2
Deaths from all causes	810

CORRESPONDENCE.

To the Editor of the 'Medical Times.'

SIR,—My attention has been directed by a neighbouring medical friend to a case of rupture of the uterus purporting to be reported by me, in your valuable periodical of the 2nd of October instant. I have to request that you will take the earliest possible opportunity of informing your numerous readers that the details of that case are *maliciously false*, and that the dastardly scoundrel who has attached my name to it has committed forgery. A case of rupture of the uterus unfortunately did occur in my practice about the time and at the place mentioned, but that I should so far stultify myself as to publish the case in the manner related in your periodical, is an idea that would have emanated from no other brain but that of your worthy correspondent. The statement regarding the proceedings and practice of the medical friends whom I called in upon the melancholy occasion, as well as the appearances which are said to have been presented at the post-mortem examination, are so utterly devoid of truth, that to give a detailed contradiction of them would occupy too much space in your valuable pages. I cannot help adding, that the scoundrel who has done this is below the level of a cut-purse or a highwayman. Yours respectfully,

ROBERT OTTER BLYTHMAN.

Swinton, near Rotherham, Oct. 16, 1841.

[We beg to assure Mr. Blythman that we warmly participate in his indignation at this atrocious hoax. We trust the silly scoundrel who got it up may be discovered and visited with the legal consequences of his guilt; and as being ourselves joint sufferers with Mr. Blythman, we shall be most ready to furnish our mite towards the expence of his prosecution.—ED.]

To the Editor of the 'Medical Times.'

"Qui capit, ille facit."

SIR,—What between the difficulty of reconciling the several corporations to change—the want of union amongst the members of the profession at large—the competition existing amongst its members, more especially for public situations, at a paltry rate of remuneration—I much fear that Medical Reform will not be easily carried out.

The competition for public employment, of late years, has become a disgrace to the profession: public bodies, taking advantage of the circumstance, have reduced the salaries of their medical officers to the wages of mechanics; indeed, in some instances, to less. When Mr. Nicholls published his report on the intended introduction of poor laws into Ireland, he speciously set down the salaries of medical officers of workhouses at a hundred pounds per annum; but now that the law is in force—the union formed—and the workhouses open, this worthy gentleman, receiving himself something about three thousand per annum, exclusive of a staff of clerks and underlings, will not sanction so high a salary as fifty pounds a year to a physician of a workhouse built for the reception of *eight hundred* paupers, unless the medical officer become also the dispenser of his own prescriptions. —The Boards of Guardians generally throughout the country have been most anxious to give liberal remuneration to their medical officers, but Mr. N.'s vote is against them. Mr. Nicholls may not deserve the whole blame, when we find that in a union, where a well-qualified practitioner offers himself for the office at forty-five pounds—the Guardians also appointing a dispenser at fifteen pounds a year—two men come forward offering their joint services for the amount which was to have been given to *one individual!!*—yet such has been the fact within a very few days. The Guardians repudiated the tender, and elected the well-qualified man, greatly to their credit.

Want of union I also complain of; and what think you, Sir, of one of the oldest medical practitioners in the union, and a guardian, having on that occasion given his vote to an *unqualified* candidate? He was left alone in his glory. These abuses call loudly for amendment, and the tone and spirit with which your Journal is conducted leads me to hope, that you will be the means of working out a remedy. Wishing you every success to your undertaking, I am, Sir, yours most obediently,

A COUNTRY PRACTITIONER.

Oct. 22, 1841,

[We wish our correspondent had favoured us with the names of this trio of mercenary traders. Supported by his authority we should have posted them at a hazard to ourselves; we are resolved, as far as our power extends, to put down the practitioners who would traffic away the high standing of the profession in this most disgraceful of all competitions.—ED.]

ACADEMY OF MEDICINE OF PARIS.

September 14.

FORMATION OF ARTIFICIAL ANUS IN OBSTRUCTION OF THE INTESTINE.

M. CORNAC stated that he had travelled to Rouen with one of the patients on whom M. Amussat had operated; he enjoyed good health, expressed his satisfaction at having submitted to the operation, and experienced no inconvenience from the artificial anus. He regretted that Talma and Broussais had not been operated on.

M. Breschet bore testimony to the value of M. Amussat's operations. He did not, however, think that the formation of an artificial anus was indicated in the cases of Talma and Broussais, both of whom he had attended: The *post-mortem* examination showed that in Broussais's case the intestine was not completely obstructed; while Talma died, in fact, of rupture of an aneurism of the heart, which affection was attributed to the performance of certain parts in the exercise of his profession; that of Orestes, for example. Dupuytren had seen Talma, and agreed that an operation was not admissible in his case.

M. Begin had also attended on Talma, and witnessed the *post-mortem* examination of the body. He utterly differed from M. Breschet as regarded the question of operation; for, in his opinion, if the operation of forming an artificial anus was ever indicated, it was so in such a case as that of Talma. The intestine was not affected with cancer, but was completely obliterated above the rectum by an indurated and uniform constriction, above and below which the gut was sound; thus constituting an almost unique species of stricture. The fæces, which had been completely obstructed, were accumulated above the stricture, and produced enormous distension of the intestine, which projected towards the rectum, so that the finger passed into that gut experienced a distinct fluctuation, a kind of *ballottement*, as when the impregnated uterus is examined. M. Begiu proposed to Dupuytren to perforate this sac through the rectum, and had imagined an instrument for the purpose, with the view of obviating effusion of the fæcal matter; the proposal was not, however, acceded to. The aneurism of the heart could not have contra-indicated the operation, as its existence was not known until after death.

M. Amussat expressed his satisfaction at the opinions of MM. Cornac and Begin. With respect to the case of Talma, M. Begin had shown that the operation was perfectly practicable, if not in the loins, at all events through the rectum; and it would, no doubt, had it been performed, have prolonged life. —The same result would have followed an operation on Broussais, who was constipated twenty-one days previous to death; and the very fact that the rectum was not in an advanced state of cancerous disease rendered the operation more called for.

M. Gerdy quite agreed with M. Begin, that the operation through the rectum was much less formidable than the formation of an artificial anus in the lumbar region. M. Gerdy had operated several times on new-born infants with success. In one case there was no external trace of anus. As to the effusion of fæcal matter, apprehended by M. Begin in the operation which he had proposed in the case of Talma, this effusion was much more to be apprehended in operating on the lumbar region. An important point was to measure the danger of the constipation produced by stricture of the rectum; constipation, no doubt, was a serious evil, but there were many individuals who bore it with impunity for a very protracted period. Every one knew the case of the surgeon who went from Paris to Senegal, remained there some time, and returned to Paris, where he had an evacuation from the bowels, which had not occurred during the entire period of his absence from that city; and this occurred to him several times without his health being compromised. Some individuals can pass weeks and months without going to stool; and this was a fact which the surgeon should bear in mind, and which should make him slow to operate in a case of simple stricture. Nature seems to recur in such cases to a process which has been termed "*debacle*," which consists in the liquid portion of the fæces accumulating above the stricture, forcing for themselves a passage from time to time, and liquifying the solid fæces, which thus become capable of being expelled. This, however, does not always occur, and in some cases the operation should not be deferred.

ABSCESS IN BONE.

By Sir B. BRODIE.

[Sent us by a valued Correspondent.]

SIR B. BRODIE opened an enlarged head of the tibia in a young man, under suspicion that abscess existed in the cancellous structure of the bone. Before the piece of bone was removed, pus began to issue from the wound, and continued to do so after the piece was extracted, showing, as Sir B. Brodie remarked at the time, that the elasticity of the bone forced it out, having before been compressed by the pressure of the matter.

This young man first began to suffer pain last August, soon after which a little enlargement of the upper end of the tibia was observed; the pain increased and was very severe, but not constant, as the man on some days would say that he scarcely felt any pain, and that he was getting well, whilst on others the agony was very great, so much so that he could scarcely be kept in bed.

In this respect the enlargement of the bone differed from nodes, where the pain is usually pretty constant; besides, this was not the usual situation of nodes, and the disease had not yielded to that treatment which nodes generally yield to, he having taken mercury, iodide of potassium, and also sarsaparilla, but without any relief.

These circumstances led Sir B. Brodie to

suspect abscess in the bone. His attention was attracted to cases of this kind, by the same kind of thing existing in the lower part of the tibia of a patient who had suffered pain for 15 years, and at last had his leg amputated, when on making an incision longitudinally through the bone, an abscess of the size of a walnut was found in the lower part, and Sir B. Brodie reasoned, that had the disease been known, the limb might have been saved, by adopting that course which had been followed in the present instance. Subsequently Sir Benjamin has met with other cases of the same kind, when this method has proved successful.

In the case under notice at present, the abscess extended to within one-third of an inch of the knee joint. 'Now,' asked Sir B. Brodie, 'what would have been the consequence had not this operation been performed? The abscess would have made its way towards the joint, attacks of inflammation would have supervened, and ultimately would have communicated with the joint, and necessitated the loss of the limb.

'Last week,' continued Sir Benjamin, 'you saw me operate for necrosis of the tibia of a boy, when we found the dead bone pass very high up nearly to the joint. This boy had been subject to the supervention of attacks of inflammation of the joint, which was removed; the limb was immediately placed in leather splints to keep the joint in perfect repose, and he has had no similar attack since.

'In private practice also I have attended two cases with Mr. Keate, where portions of necrosed bone existed in the cancellous structure near the joint, and where the attack of inflammation would come on, especially after exercise; but in these cases the dead bone was removed, the liability to inflammation was lost, and the patients are now perfectly well.

WESTMINSTER HOSPITAL.

BITE OF A VIPER.

[Communicated.]

GEORGE WILLIS, aged 27, of moderate muscular make, applied on the 9th of April, at the hospital, suffering from the sting of a viper received in the back part of the index finger. His first sensation, on being stung, he described as being like that of the prick of a needle, accompanied by the issuing of one or two drops of blood. This was immediately followed by intense pain in the wounded part, extending in a short time along the forearm to the middle of the elbow, and thence to the axilla. He describes the pain as being of a burning character, and almost directly followed by great swelling of the hand and wrist; as the pain extended, its severity, in the wounded part itself, somewhat diminished. Simultaneously with its reaching the axilla, he experienced dyspnœa, faintness, and a pain about the region of the heart and throat, with considerable thirst. He hastened to the hospital as soon as possible, but half-an-hour had elapsed between the reception of the injury and his application.

When admitted, his countenance was extremely pallid, and covered with drops of perspiration; hands, feet, as well as body, rather cold and clammy, pulse small, nearly 100, no irregularity. On looking at the wound, it appeared black and tinged with blood; there was, however, great swelling and tension of the part, having an œdematous appearance, which extended to a considerable distance beyond the wrist; great pain, although less severe than at first, extending from the wound along the anterior part of the forearm to the axilla. An extreme degree of pain at the epigastrium, the least pressure caused him great suffering—voice hesitating and thick, somewhat resembling that of a man slightly intoxicated; thirst very troublesome, accompanied with nausea and attempts at vomiting.

He was put to bed, hot bottles placed at his feet, and the arm fomented with hot flannels; ordered, ammon. carb. ℈ij, mixt. camph. ℥iij; take a third part every hour.—7, evening; feels better; the wound is now much easier, to continue the ammonia.—9 in the evening, improved; face calm; pain diminished; the hand and arm still very much swollen; pulse 96, full and strong; tongue white and rather dry; urine light coloured and albuminous.

10th. Has passed a pretty good night; countenance calm; skin hot, pulse 98, slight thirst; tongue brown and furred; the bowels not having being relieved since admission, the following powder was given:—

℞ Hydr. chlorid, gr. vj.
Pulv. jalapæ. co. gr. xvj.
statim; mist. salin. ℥iss. 4tis. horis.

Evening, the powder operated briskly, and the man is much improved; urine high coloured and not so albuminous; skin moist, and natural temperature; hand and arm still swollen; pulse 90; thirst very slight; tongue clean and moist; continue fomentations.

11th. Much the same as yesterday, except that he complains of giddiness and faintness; to take the following mixture:—

℞ Ammon. Sesquicarb. ℈j.
Acidi. citrici. gr. xij.
Sp. Mysisticæ, ℥ss.
Aquæ. ad. ℥iss. M.

to be taken in a state of effervescence.

12th to 19th. Much the same.

20th. Continuing to improve; fomentations discontinued, and allowed to get up.

25th. Quite well, and as he expressed a wish to go, was discharged.

Remarks.—The above case, although by no means rare, affords a good example of the constitutional derangement following the bite of our common viper; it is not to be supposed that the bite is never fatal; there are several cases on record where the persons have died in less than thirty-six hours.

Then, again, there must be a great increase of danger if occurring in a man suffering from previous disease, more especially of the heart and lungs.

Excision of the part, and the application of cupping-glasses over the wound, has been highly recommended, and has been found to succeed in some cases.

The application of caustics, though useful as collateral measures, would not appear to be worthy of greater confidence, as being on the whole uncertain in the action; the potassa fusa would probably be most beneficial, as being more searching in its action than the nitrate of silver.

One form of ammonia, the eau de luce, has been greatly recommended by some who have had opportunities of seeing cases of bites from serpents of the tropics: if good does follow, why not introduce it in this country?

A CASE OF MOLLUSCUM CONTAGIOSUM.

By WILLIAM TURNBULL, M.D. Physician to the Infirmary, Huddersfield.

THE patient was under the care of the late Mr. Atkinson, Surgeon in this place, and I was requested to see him in consultation on the 28th of January, 1832. He was a gentleman of spare habit, rather small stature, and swarthy complexion, with black hair. A great portion of the trunk, face, arms, and thighs, was covered with tubercles of all sizes, from the smallest visible speck to that of a plum; and three or four were as large as a moderate sized orange. They were most numerous on the fore part of the body and thighs, and many existed on the back and neck. He had none below the knees, and only a few small ones below the elbows. The skin, where not studded with them, seemed healthy, except on the palms of the hands and soles of the feet, where it was dry, somewhat scaly and inclined to crack. The colour of the tumours was pretty uniformly of a dark mahogany hue. Some few were yellow at the top and covered with thin crusts or scabs. This state, it had been observed, was generally the forerunner of ulceration. All were firm and solid, but not hard. In shape they varied greatly, some being circular, much resembling the figure 3; others were oblong; and in some parts several had coalesced, making a cluster of very irregular surface and circumference. A few rose from one inch and a half to two inches above the surrounding surface. In general they were quite moveable, attached only to the skin, and could be pulled up so as to allow the fingers to be insinuated underneath. Three or four, however, were seemingly under the integuments, and imbedded in the subjacent parts. Several were ulcerated, particularly one on the inner and upper part of the right thigh. The ulcer was nearly circular, and about four inches in diameter, with hard, prominent, and indolent looking edges. Its surface was very irregular, and divided into compartments by red fleshy-looking projections; and the whole discharged a large quantity of limpid fluid, and emitted a faint sickly odour. There was a similar but much smaller ulcer on the same aspect of the thigh, just above the inner condyle. A few tubercles in different parts had inflamed round their base, and sloughed off or been turned out, and the places which they had occupied, had healed without leaving any depression. Little pain attended any of them, but the itching was troublesome. The number of tubercles exceeded 200. They were first observed last autumn, on the neck, thigh, and fore-arm,—and then they gradually came out over the whole body. At the time of my visit, fresh ones were making their appearance on the forehead, eyelids, nose, and cheeks. The upper lip had been studded with them, but was again free.

The general health was not good. He still attended to business, but felt very weak and languid. The tongue was white; the appetite poor; the pulse from 80 to 90; sleep disturbed; the bowels tolerably regular.

He could assign no cause for the affection, except that he had been subject almost from infancy to a scaly state of the skin, which by sea-bathing last summer had been nearly cured. He was congratulating himself on having got rid of a loathsome and troublesome complaint, when these morbid growths made their appearance.

Many medicines had been tried with little obvious benefit. In the early stage of the disease he had been twice bled from the arm, had taken sulphur and soda, and active aperients, and had been kept under the influence of mercury for a considerable period. Latterly, by the advice of Mr. Hey of Leeds, he had taken arsenic, and several of the tumours had been destroyed by caustic potass. From this period I visited the patient every ten or twelve days until his death, and made use of a great variety of both external and internal remedial means. Most of the tubercles were slowly removed; some by being painted over daily with the tincture of iodine; some by its application in a more concentrated form, (iodine one drachm and a half, iodide of potass one drachm, water one drachm,) and some again by being touched with caustic potass. Others, where the

shape was favourable, were taken off by ligature, and towards the close of life, when the debility became extreme, many disappeared spontaneously. In some, as had taken place earlier in the complaint, inflammation occurred at their base, suppuration followed, and they shrunk or fell off, and healthy cicatrization completed the cure. On the other hand, those on the thigh terminated in malignant ulceration, apparently of a carcinomatous nature, which destroyed the patient. The application of caustic to the tumours caused no pain, but merely a sensation of warmth over the part. Some, when the crust or eschar became detached, presented a dry and smooth and glistening surface, whilst others, called by the sufferer soft ones, had a raw cauliflower, or rather, from the hue, a raspberry appearance, and discharged much watery-looking fluid. The chorion, or perhaps its outer layer, terminated abruptly by a smooth and regularly defined margin at the base of the morbid growth, where it began to rise above the adjoining surface. Indeed, the tumour had the appearance of being protruded through a hole in the integuments, and its prominent part seemed only covered by the cuticle. On the tightening of a ligature, limpid fluid issued in drops from the surface of the included part, which immediatcly shrunk in size. Nothing proved of permanent service to the ulcers on the thigh. They slowly extended in all directions, and at length coalesced, and towards the end of life, reached from the groin to the knee, and included half the circumference of the limb, presenting a most extensive mass of disease. The surface was foul and uneven, and had many red prominent bands and nipple-like projections of stony hardness, interspersed with sloughy cavities. From the whole, and also from a considerable portion of the surrounding integuments, which were of dark-red hue and very hard, limpid fluid flowed in large quantity, so as to wet many folds of linen in a short space of time, and even to wash off any dressings that might have been applied. The scrotum and entire limb were greatly enlarged and anasareous.

The general health slowly broke up. I could never detect any visceral disease; but he gradually lost flesh and strength; the pulse became more frequent, nights unrefreshing, appetite failed; and he sunk on the 5th of June, apparently exhausted by the drain and irritation from the ulcerated part.

The patient was of healthy parentage, and left a family of healthy children.

BIRTHS AND DEATHS.

The "Third Report of the Registrar-General of Births, Deaths, and Marriages" has just been published. The following table will show the numbers registered in the year ending June 30, 1840, compared with those of the preceding years:—

	1839—40	1838—39	1837—38
Births	501,589	480,540	399,712
Deaths	350,101	331,007	335,956

The increase in the number of registered births is said to be the result of the successful operation of the new law. The increase in the number of registered births has not been confined to a few localities, but has been generally diffused.

During the last three years the proportion of male and female children has been nearly the same. There appears from the report to have been an apparent increase in the number of deaths, compared with the two preceding years. The first year's registration did no comprise the deaths of the whole year, which, including those registered subsequently, amounted to 338,660. The real increase, therefore, over the registered deaths which occurred in the year 1837 38 is 11,441.

The proportion of male and female deaths in each of the three years has been nearly the same.

	Males.	Females.
Year ending June 30th, 1838	170,965	164,991
do. do. 1839	169,112	161,895
do. do. 1840	177,929	172,172

More than half of the excess over the deaths of 1838-9, and more than three-fourths of the excess over those of 1837-8, consists of deaths of children under five years of age. This increase in the rate of mortality, we are happy to say, has not been general throughout the kingdom, but has been confined to a few unhealthy localities. From a tabular statement attached to the report, it appears, that there has been a progressive decrease of mortality from 1837-8 in the Metropolis and in Devonshire; and of progressive increase from 1837-8 in the counties of Derby, Leicester, Northampton, Nottingham, Rutland, and the northern parts of Lincolnshire; the counties of Chester, Salop, Stafford, except the mining part of the two latter; Lancaster, south of Morecombe-bay, except Liverpool and Manchester; the West Riding of Yorkshire, except the northern parts thereof, and Leeds, the City, Ainstey, East Riding of York, Monmouthshire, Herefordshire, and Wales. The greatest increase of mortality has been in the following counties:—Lancashire, Nottinghamshire, West Riding of Yorkshire, Leicestershire, Cheshire, Gloucestershire, Northumberland, Durham, Derbyshire, and North Wales, the combined increase of which alone amounts to 15,231 out of the total increase of 19,097.

SOLUTION OF STONE IN THE BLADDER, BY ALKALINE MEDICINE.

Case 1.—M. Fournier had a voluminous stone in his bladder, with a rough surface. He was sounded by M. Leroy D'Etiolles on the 9th of August, 1838, and the stone was declared to be of the size of a large walnut. Under the use of the Vichy waters (a glass of which contains fifteen grains of the bicarbonate of soda), all the symptoms of stone were gradually mitigated; large quantities of gravelly masses were passed. The patient was again sounded by M. Leroy, who declared the stone had increased in size. After this the patient continued the use of the alkaline medicine at home for some little time; but suffering nothing gave up his medicine, and had apparently no remains of stone in the bladder. He enjoyed uninterrupted health for more than a year. In the month of October last he was seized with a fever and died; on opening the body after death, the long-shaped nucleus of a stone, the size of a shelled almond, was discovered.

Case 2.—Dennis B. Jacob, having a considerable stone in his bladder, came under the care of Dr. Petit, at Vichy, in the season of 1839. The patient was refractory, and did not follow the treatment regularly. Remanded in 1840; his stone was previously seized in various directions by Civiale, Blandin, and Berard, and ascertained to be of the diameter of 13, 14, and 15 lines. The treatment by the Vichy waters began on the 23rd of June, 1840, was pursued with great regularity to the middle of September, the patient taking from twelve to twenty-five glasses of the water and a bath daily, and in addition having a stream of the water sent through his bladder by means of a double current catheter, once, twice, and even thrice a day, for some considerable time. In the beginning of August the patient began passing fragments of stone, and at the same time obtained relief from his sufferings. On the 18th of September the man was sent back to Paris, and having been sounded on two several occasions by the members of the committee, it was formally declared there was no longer any more stone in the bladder.—*Dr. Petit in Brit. and For. Rev.*

CURE OF LOCK-JAW BY AN ACID PREPARATION.

In the year 1807, having contracted a dysentery whilst serving in a vessel of war, on the Spanish Main, on our arrival at Port Royal, Jamaica, I was sent to the Naval Hospital. Very powerful medicine was administered, but through the neglect of the nurse in having the Jaloucies (large Venetian blinds) open during a strong sea-breeze, I "caught cold," and the consequence was a lock-jaw. The attempts of the surgeons (all attached to the ships in harbour having attended) to relieve me from the distressing symptoms failed; but I was speedily cured by the application of a dark-coloured viscous liquid, resembling tar, administered by a black woman, with a feather; the head reclined backwards so as to admit the liquid to pass between the interstices of the teeth. The taste, or flavour, of this liquid was powerfully *acid*, with a slight sweetness blended, and the relaxation of the muscles took place in a very short time afterwards. I do not now recollect how soon, but I believe within an hour. I was in dreadful torture, so exquisite as nearly to create swooning on every occasion of deglutition. The dysentery, although reduced, was not cured.

I went into the country for change of air, and there got entirely rid of my troublesome disease by the use of the astringent juice of the plantain sucker *(musa)*.

After having sojourned there for a little time, I joined my ship, and unfortunately got wet, the consequence a sore throat and lock-jaw again. The black woman was immediately sent for, and upon her applying the same liquid as done in the former case, the same result followed; *after* which a small abscess burst in the throat, and I became perfectly restored. It was with extreme regret I found that no money offered would induce the woman (an African), from whom the drug was obtained, to part with the secret. Her grand-daughter (my washerwoman), who administered it, did not know what it was; and she refused all recompense, being exceedingly indignant when I tendered her a doubloon, preferring to do good without fee or reward.

The substance appeared to me to be the rob of the island sorrel, a plant very different in appearance to that of our fields, the *rumex acetosa*. Some of the sick officers, however, considered it to be "Barbadoes tar;" I am not aware of that petroleum possessing an acid flavour. It appeared to me that the effect of the relaxation of the joints of the jaw proceeded from the action of the powerful acid on the nerves, or the muscles. The water of the salivary glands spurted out most copiously the instant the liquid reached them. This action nearly deprived me of life. The question naturally arises, would not *any* strong vegetable (and perhaps mineral) *acid* produce the *same effect?* It is worthy of trial in the hospitals.

APOPLECTIC EFFUSIOH IN THE TUBER ANNULARE.

BY M. MAHAT.

A YOUNG man of 25 years of age, after complaining for a few days of a feeling of heaviness and slight headache, perceived a numbness in his left arm, which, however, did not prevent him following his occupation as usual. In the evening he was suddenly seized with giddiness and paralysis on the left side of the body, and fell to the ground; he did not, however, altogether lose consciousness, but the articulation of sounds was lost. When taken to the hospital twenty-four hours afterwards, it was ascertained that there was complete insensibility of the limbs on the left side of the body, and the patient could scarcely command the slightest motion in them. The commissure of the lips was drawn to the left side, and the tongue, when thrust out of the mouth, pointed to the same side. He could not close the right eyelid, and the pupil of that eye was much more contracted than that of the left. The paralysis progressively diminished till about the tenth day, when cramps and sensations of formication began to be experienced in the affected limbs, with ringing in the left ear. Delirium soon after came on; the left arm was attacked with erysipelas and serous infiltrations, and he died about forty days after the accident.

Within the substance of the *tuber annulare*, on its right half, but passing a little beyond the median line, towards the left side, was found an abscess of about the size of a chesnut. It was well circumscribed, and the surrounding substance presented its ordinary firmness and colour. The left ventricle of the heart was considerably hypertrophied.— *Archiv. Gen. de Medicine.*

NOTICE OF AN INSTRUMENT

For the relief of Cases of Incontinence of Urine in the Female, and of Vesico-vaginal Fistula.

By HENRY GRAHAM, Surgeon, Edinburgh.

SOME time since, in a hopeless case of incontinence of urine in a female, I was applied to for some contrivance free from the objections attendant on the apparatus in common use for this disease, which are, 1st, The impossibility of retaining it always in its proper situation; 2d Escape of the urine between the instrument and the person, in the recumbent position; 3d, The very offensive odour which the apparatus in a short time acquires, and the difficulty or rather impossibility of cleaning it sufficiently to remove this, and so requiring its frequent and entire renewal.

It appeared to me that these objections might be obviated by having an instrument formed of metal, so constructed, that a part of it, hollowed out on its anterior surface, might project into the vagina, so that this portion would not only tend to keep the whole instrument steady in its place, (when secured by tapes in front and behind), but also serve as a duct for the urine to pass down into a small bladder (containing a sponge), or caoutchouc bag, attached by a screw to the lower part of the apparatus, so that there should be no escape of urine when the patient assumed a recumbent posture. The bladder may be renewed as often as necessary at a small expense, or, if a caoutchouc bag be employed, it may easily be so thoroughly washed out, when the patient unscrews it for the purpose of its being emptied, that it will last for a considerable time. The application of this apparatus to cases of vesico-vaginal fistula is sufficiently obvious, and, by lengthening the vaginal portion, and making its extremity of a suitable form, it will serve, if necessary, as a pessary.

Any further description of this instrument is unnecessary, as a glance at the diagram will at once explain its nature and mode of application.

The lady for whom I had this apparatus constructed has now used it for some time, and finds it to answer the purpose intended.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

WAR OFFICE, Oct. 26.—27th Foot, James Grant, M.D., to be Assistant-Surgeon, vice Fry, deceased.—66th Foot, Assistant-Surgeon John Grogan, M.B., from the Staff, to be Assistant-Surgeon, vice Linton, promoted to be Staff-Surgeon of the second class.—72d Foot, Assistant-Surgeon Cosmo Gordon Logie, from the Staff, to be Assistant-Surgeon, vice Malcolm, promoted to be Staff-Surgeon of the second class.—HOSPITAL STAFF—Assistant-Surgeon JohnStewart Gravec, from the 4th Light Dragoons, to be Staff-Surgeon of the second class.

OFFICE OF ORDNANCE, Oct. 25th.—ORDNANCE MEDICAL DEPARTMENT.—Temporary Assistant-Surgeon John Duggan, M.D., to be Assistant-Surgeon.

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LECTURES ON CLINICAL MEDICINE.

Delivered at the Hotel Dieu, Paris, by Professor CHOMEL.

LECTURE II.—ON PNEUMONIA.

Lesions of the Pulmonary Parenchyma in the Adult.

The alterations of the lung in disease show themselvesin the adult undervery various forms; they may nevertheless be reduced to three principal ones, namely, inflammatory engorgement, red hepatisation, and suppuration. These three stages may be reduced to two, in relation to the functions of the diseased organ: in the first, the pulmonary vesicles are permeable to the air; in the second, they are either completely or incompletely impermeable.

1st stage.—Inflammatory engorgement. The lung is externally of a red colour, more or less deep, violet, or livid; sometimes blackish; it is heavier, less elastic, and much less crepitant than in the sound state; often, indeed, this last property is quite lost, though it will still float in water. When pressed, it preserves the impression of the fingers in the same manner as a dropsical part; an incision causes an abundant sanguinolent and frothy serosity to exude. These characters, notwithstanding, are not sufficient to distinguish this inflammatory engorgement from that arising in the last moments of life. The unequal resistance offered by the pulmonary parenchyma in simple engorgement, and in the first stage of inflammation, appears to me to furnish a differential character of sufficient importance. In fact, the consistence of the parenchyma is diminished in inflammation; it is more easily torn than in the natural state, and the fingers sink into it without effort; whilst, in simple engorgement, the natural consistence of the parenchyma is preserved. M. Andral, in like manner, thought that he had discovered, in the friability of the pulmonary parenchyma, a character distinctive between these two states; but new researches have forced him to admit that the friability of the tissue is often owing to a simple accumulation of liquid in the vesicles; and hence, one may observe it equally in engorgement purely mechanical as in the truly inflammatory species. The following is an experiment which may furnish some useful hints on this subject:—If we wash and macerate in water parenchyma simply engorged, it entirely regains its normal appearance as to colour and consistence, whilst, in the case of inflammatory engorgement, if the lesion is not altogether recent, the tissue, while it loses in a great measure its red colour, becoming greyish, is torn more easily than in the sound state. Nevertheless, we must confess, that in the actual state of science the anatomical characters of the first stage of pneumonia are not yet nicely determined.

In a more advanced stage, and intermediate between engorgement and red hepatisation, the pulmonary tissues becoming much more friable, is easily crushed when pressed between the fingers; the liquid which then exudes is less abundant and less frothy than in the first stage. The parenchyma thus modified may well be compared to that of the spleen; hence some authors have given to this state the name of splenisation.

2nd stage.—Hepatisation, or red ramollissement. The lung is hard and compact; crepitation is lost; it sinks when thrown into water. When sliced, it sometimes presents an uniform colour, but more commonly a mixture of different hues, as it were, resembling granite. We may easily discover the bronchial and vascular ramifications, as also the cellular interlobular partitions, and in adults and aged persons, the black matter naturally disseminated in the lungs; but the especial characteristic of this second stage is, that the incised surface presents a multitude of granulations, red, round, and slightly flattened. Nevertheless, in some cases, this character is wanting; and M. Raciborsky thinks this difference in the appearance of the lung may be explained in the following manner: "If the vesicles are uniformly distended by matter sero-sanguinolent, viscous, and thick, the incisions of the inflamed lobes present uniform surfaces; but if the inflammation does not exist throughout with the same intensity, if there is but a small number of the vesicular cavities obstructed, and the others filled with a minute quantity of liquid, or still permeable to the air, in this case matter escapes immediately on incision. The coats of the vesicles which contained it become collapsed, and the distended vesicles will present red granulations, rising above the level of the incisions." We shall see, when speaking of the anatomical characters of pneumonia in old people, that auother explanation, not less satisfactory, may be given of this absence of granulations.

If we scrape, with the back of a scalpel, the cut surface of the hepatised parenchyma, we shall force out a matter more or less thick, reddish, and frothless; on now compressing the tissue it tears much more easily than in the first stage; the rounded granulations also, of which we have spoken, appear more distinctly than in auy other state of the disease. The hepatised lung appears larger than the sound one, but this increase of sizc is commonly only apparent, and is caused by the diseased lung not collapsing on the opening of the chest.

Some facts, nevertheless, appear to demonstrate that in some cases the inflamed lung tends to occupy a larger space than that circumscribed by the thoracic parietes, in the natural state. Thus, cases are recorded, in which the surface of the lungs has been more or less marked with the impression of the ribs; unfortunately writers have not always carefully pointed out the anatomical circumstances accompanying this state.

It may happen, in fact, that the lung being raised with the parietal layer of the pleura, the costal impressions do not reach even the surface of the lung. Thus, M. Woillez mentions that in a person who died of pneumonia in the third stage, the left lung, which was perfectly sound, retreated on opening the chest; but the right, which was entirely hepatised, filled up exactly the corresponding thoracic cavity. This lung, on being torn out of the chest along with the pleura, the two layers o which were intimately united, presented exteriorly well marked transverse ridges and depressions which corresponded to the intercostal spaces and the ribs. The pleura was greyish, and semi-transparent, in a line with the depressions caused by the ribs, and whitish and perfectly opaque in the course of the longitudinal ridges corresponding to the intercostal spaces. Its density was decidedly greater in these latter places than in the former, and on detaching it from the lung this organ presented an even and uniform surface.

We must also distinguish cases in which the thoracic cavity preserves its natural dimensions from those in which it has been narrowed from some vice of conformation, from the forcing up of the diaphragm, &c. M. Woillez relates a case in which a hypochondriac dying of an enormous ascites, for which he had refused to be operated upon, the lungs, otherwise healthy, were found so pressed up by the diaphragm, that they filled exactly, after opening the chest, the same space which they occupied during life, and showed anteriorly the transverse depressions, corresponding exactly to the true ribs, with which they were in contact. We also find the following passage on the same subject in P. Frank's work: "In some cases, the lung becomes so much enlarged, that the thorax is not spacious enough to contain it, and its surface becomes marked by the ribs, which are lined by a matter between yellow and white. This appearance is not uncommon, especially on the right side of the thorax, on account of the large size of the liver: this viscus sometimes rises on a level with the fourth or the third true rib."

The lung being disengaged from its pleural attachment, and the natural dimensions of the thoracic cavity being preserved, do instances occur in which the enlarged lungs present these costal depressions on their surface? Some examples of this disposition have been recorded; I also have met with it in two newborn infants who had died of pneumonia which had reached its second stage, and extended over the whole of one lung; this organ was free from all adhesion, the diaphragm was not forced upwards, the thoracic cavity possessed its ordinary dimensions, but nevertheless the posterior edge of the lung presented several costal depressions exceedingly distinct and very deep. I have never seen anything analogous in the adult. But I find the following fact in the journal *L'Experience*. In a man 57 years of age, received at the Hotel Dieu, and who died of gangrenous pneumonia, there were found partial adhesions at the summit and posterior edge of the left lung. The size of this organ was much enlarged, and was nearly ruptured through the intercostal spaces. The outer surface was indented with little furrows, running in the same direction as the ribs. On a level with the posterior edge there was an indentation moulded exactly upon the termination of the arch of the aorta and its thoracic portion. The upper lobe of the lung, when cut near its inferior edge, was found infiltrated with a

sanious pus, of the colour of wine-lees. At the point in immediate relation to the anterior part of the first left ribs, there was a cavity containing the broken up particles of the softened pulmonary tissue, exhaling a gangrenous odour. The posterior part of the superior lobe was in a state of grey, the inferior of red, hepatisation.

We will add, lastly, that when the sanguineous engorgement of the lungs is considerable, it pushes back and compresses the opposite lung as happens after pleuritic effusion. We shall soon have occasion to speak again of turgescence of the lung, considered as a cause of certain modifications in the symptoms of pneumonia, and even of certain serious accidents which supervene in the course of this disease.

3rd stage.—Grey hepatisation; grey ramollissement; diffused suppuration. The lung is compact, heavy, not crepitant, and offers the same granite-like appearance as in the second stage; but instead of being red, is yellowish or grey. This teint, at first diffused under the form of small spots, eventually spreads over a greater or less extent of the organ. On incision, we obtain an opaque thick matter of a yellowish white colour, which is only pus, frequently mixed with a small quantity of blood. The friability of the tissue is still more marked than in the second stage; at first we have similar granulations; but if the purulent infiltration has proceeded further, the tissue, when pressed by the fingers, degenerates into a purulent substance, which oozes out and leaves only a cellulo-vascular network. The question presents itself, from what matter are the granulations formed which are found in the third stage of inflammation of the lung? Laennec thought that they were formed from coagulated pus, which afterwards became more liquid; but I am inclined to the belief that they are formed of the pulmonary parenchyma itself, which becomes softened in a direct ratio to the abundance of the purulent matter. Wherever, in fact, we can trace the changes arising in pus, we see this fluid, at first very thin, acquire daily greater density, and if we compare the consistence of the fluids contained in the lungs during the different periods of pneumonia, we shall find successively, in the first stage, a reddish serosity; in the second, a liquid more consistent, and of the colour of wine-lees; and, in the third, a purulent matter of still greater density.

Suppuration of the lung almost always shows itself under the form of infiltration, very rarely it becomes encysted; this is a very remarkable anatomical character of this kind of lesion. Sometimes, however, an abscess is formed, of which we have yet to speak.

Moreover, these different degrees of pneumonia often occur in the same individual, and even in the same lung. This is an important fact to remember; for blood-letting, which would be useless and even injurious if the inflamed portion were entirely in a state of suppuration, is, on the contrary, of the greatest importance, if the patient's strength will allow of it, in combating an inflammation which exists only in the second or even in the first stage in the surrounding parts.

Sometimes the different degrees of pneumonia are intermingled; thus, in the midst of some engorged portions, we see scattered specks of hepatisation, or perhaps among some red hepatized portions we find yellowish patches of suppuration; at other times, we gradually pass from a zone of engorgement, to a zone of red hepatisation, and from that to one of suppuration. We seldom have the opportunity of observing the alterations presented by the lung, on the subsidence of a general and recent inflammation, when the patient, beginning to grow better in that respect, has died of some other malady. The following instance may be cited as a case in point. In a young man, suffering under pneumonia of the left side, the malady gradually extended to the right, in so gentle a manner, that one could observe its progress with the same exactness as we trace on the skin that of a spreading erysipelas. The patient was treated actively by antiphlogistics and a strong emetic, the pneumonia yielded, convalescence commenced, but he sunk two months after his admission to the hospital under ramollissement of the gastro-intestinal mucous membrane, the symptoms of which did not manifest themselves till four or five weeks after the administration of the last doses of the tartar emetic.

The lungs were nearly of the ordinary size; they were darker than usual on their surface. Their tissue was bright red, crepitant in almost every part, studded with partial hepatisations, of the apparent size of a small cherry; these central bodies, fifteen in number, were brown, compact, and of a firmness greater than that of recent hepatisations. The thicker portions sunk in water; they were more numerous in the right than in the left lung.

Age gives remarkable modifications to the characteristic lesions of pneumonia, as we shall see when studying them in the aged, in the child, *and in the new-born infant.*

The aged.—In speaking of this portion of our subject, I am indebted in a great measure for my observations to MM. Hourmann and Dechambre, these gentlemen having opportunities at the Salpétriere of seeing a number of aged subjects labouring under pneumonia—an advantage, I need scarcely say, not shared by the Hotel Dieu, which is specially devoted to adults.

In the aged, as in the adult, engorgement of the lung presents different degrees. Sometimes it is but little marked, and the parenchyma. still permeable, has undergone no softening; at other times, the tissue begins to soften, the fingers easily sinking in, and its permeability is perceptibly diminished. In any state by pressure or incision, we can extract from it a liquid more or less red, and always frothy, the bubbles being much more numerous in the former case than in the latter.

Red hepatisation or *granulated sanguineous engorgement* offers in the aged two varieties:

In the first, the granulations are regular and well marked, as in the adult, but they are evidently larger; sometimes they appear like little red nipples, of a round form, and separated by deep fissures.

In the second form, granulations are also prominent, but not so well defined, and have a tendency to intermingle one with another.

Finally, the large size of the granulations in the aged is in relation to the remarkable change that the pulmonary parenchyma undergoes in age, and which we have already described.

In the majority of cases, the hepatised parenchyma in old people is much less friable than in the adult. There is a perceptible degree of resistance, and to that extent, that we may divide it into thin flexible slices; it is also lighter than in the adult; placed in water, it seldom sinks to the bottom, but remains at a variable depth, sometimes even near the surface.

According to MM. Hourmann and Dechambre, "this absence of a character so invariably attributed to hepatisation, deserves to be noticed, and may, perhaps, be understood, if we recall to mind what we have said of the specific lightness of lungs rarefied by the advanced state of age."

Red hepatisation of the lung, in the aged, again differs from that observed in the adult, in this respect, that incision into the parenchyma constantly gives vent to a variable and often abundant quantity of serosity, frothless, and frequently scarcely tinted with red.

Suppuration of the Lung.—The lung, in a state of suppuration, presents, on incision or when torn, sometimes a plain and even surface, sometimes granulations more or less prominent.

In relation to the first of these conditions, the authors mentioned have proved two varieties of suppuration.

1st. In the midst of the red engorgement of the lung, we may observe streaks, or stains, of a greyish white, irregular in form, without prominence, and which may be immediately recognised as pus, although it appears as if covered over with light gauze. On pressure from the nail, it becomes moved from its position, and may be made to traverse the tissue of the lung towards the surface whence it seems to transude. After expression caused in this way, the tissue recovers its suppleness in every part where purulent matter existed, and if dried, the cells also become again apparent, the pressure having restored their permeability. If, on the other hand, no pressure is used, when dried there merely appear in every part compact masses of a rose colour mixed with ash-grey.

2ndly. At other times, the presence of pus gives a different appearance to the engorged lung; namely, a mixture of red and dull white, very much resembling granite. The matter is deposited in well-defined spots of one or two lines in diameter. It is not displaced by pressure with the nail, but is easily moved out of its cell with the point of a lancet. When thus extracted, it possesses the consistence of coagulated albumen, and gives a similar sensation when crushed between the fingers. Its colour resembles that of ivory when turned a little yellow. MM. Hourmann and Dechambre have never found this matter in a liquid state, and according to them M. Prus has often observed in old men at Bicêtre, that suppuration of the lung commences by deposits of a concrete matter, presenting the greatest analogy to that offered by the old female patients at Saltpêtriére.

It appeared evident to MM. Hourmann and Dechambre, that this concrete matter was contained in irregular and well circumscribed cavities, the deep red partitions of which had almost perfectly preserved their suppleness and natural resistance, since they did not become ruptured when seized or even dragged with a forceps. They also further state, that this concrete matter was not prolonged into the interior of the bronchial ramifications.

We have as yet spoken only of suppuration with a smooth surface; but suppuration with granulations is much more frequent. Analogous to the grey hepatisation observed in the adult, it is still distinguished by the granulations being larger, but at the same time not so voluminous as in red hepatisation. We will add, that in proportion to the thinness of the parietes of the cells, they become more easily ruptured, and thus give rise to cavities distended with pus, or small abscesses.

Finally, grey hepatisation of the lung in old people is remarkable for the large quantity of pus which escapes from the tissue, when pressed into a pulp under the finger, or even when cut into; the pus sometimes gushes out as from a reservoir, which leads to the belief, that there may be one or more abscesses, although there be no excavation in the parenchyma.

In the next lecture we shall treat of the extent of inflammation in the lungs of the aged; of morbid appearances in the lungs of the infant; as also of the new-born child.

[We ought to acknowledge that we are indebted for this course of lectures to the clever notes of Dr. Sistier, corrected by Professor Chomel; our translator, also, had the advantage of personal attendance.—Ed.]

SERIES OF CLINICAL LECTURES.

By DR. HAMILTON ROE.

LECTURE I.—BRONCHITIS.

GENTLEMEN,—I shall not trespass too much upon your time, by advocating the necessity of studying medicine by clinical lectures; it is plain enough to every one of you, that you cannot become acquainted with medicine by lectures alone, you must study nature, and nature only; cases that occur in the hospital is what you ought and must study to become efficient practitioners. Many men who are well acquainted with the description of the disease, and can accurately explain it from books, are baffled when the disease presents itself.

We will now consider the subject of to-day's lecture—Bronchitis. I have a case in my book which is well worth your attention; it is the case of a man admitted last Tuesday. Cornelius Kirwan, aged 36, residing at 5, Little Dean Street, was admitted on 26th October, labouring under acute bronchitis. He is a labourer by occupation, and was lately exposed to cold and wet, being engaged in paving. Shortly after this he was attacked with shivering, succeeded by heat, pain in the head, tightness across the chest, and some difficulty in breathing, but not attended with pain; he had cough, and a sense of oppression on assuming the recumbent position; these symptoms continued until he presented himself for admission seven days after the commencement of the attack. He then presented the following appearances: much fulness and suffusion of the face; great pain in the head; skin hot and dry; perspiring after a severe fit of coughing; tongue covered at the back and middle parts with brown fur; bowels regular; urine natural in quality and quantity; pulse 90, soft and full.

Respiration.—Not the slightest pain in expiration; on a full inspiration voice thick and husky; has very bad cough, with copious expectoration of a viscid, tenacious, frothy, mucus, having a greenish colour, floating in a thin watery fluid; the mucous is so tenacious as to adhere closely to the vessel containing it. He describes the cough as being worse, not in any particular period of the day, but on awaking from sleep.

Percussion of the thorax elicits a healthy sound over all the anterior parts of the chest of both sides, and posterior part of the left; but at the posterior and inferior part of the right lung, and extending nearly half-way upwards, considerable dulness is apparent.

Auscultation.—Right lung, anteriorly.—The sonorous and sibilous râles are detectable over the whole surface, having various degrees of intensity, and being occasionally heard to cease, but renewed on coughing.

Posteriorly.—Similar sounds are heard at the posterior and inferior part, corresponding with the dulness on percussion; crepitation is detectable to a small amount.

Left lung.—Presents exactly the same auscultatory signs, excepting the crepitation at the first part, where it is absent.

Remarks.—It is manifest, from the foregoing symptoms, that the lungs are affected, but there is a general complication. A healthy sound is elicited on percussion; does this infer that the lung is healthy? Certainly not. Emphysema produces this sound, and so does a healthy lung. You see at the posterior part of the lung there is a clearness, except at the inferior part of the right side. You will perhaps ask the question, how are you to distinguish between a healthy and emphysematous lung? Examine the respiration, you are then enabled to detect the difference. Healthy respiration is soft, and does not produce any sound, except when a deep inspiration is taken; the expirations and inspirations of this man produce a *cooing* sound, *this* is emphysema; the cause of this is from the cells being ruptured, and some mucus remaining in the cells. Crepitation at the inferior part of the right lung; it is not very easy to distinguish between crepitation and mucous râle. Mucous râle passes under the ear backwards and forwards, producing the sound; when the crepitation is small, it is, as Laennec describes it, like peas crackling on a hot vessel, or the sound produced by blowing into a dried bladder; there is a certain degree of inflammation of the bronchial tubes; the mucus natural to the parts is dried up as a consequence of the inflammation. In the first stage we hear the loud sound resembling the note of a violoncello; after two or three days the mucous râle occurs. As the disease proceeds, and the secretion passes into an opaque and thickened state, the mucous râle becomes interrupted, and passes into a clicking or sibilant sound. Expectorant is in this case viscid and frothy; this is distinguishable from pneumonial mucus, that being of a *rusty* hue from being mixed with blood; bronchitis produces a mucus resembling that secreted by the nose—bronchitis with emphysema, a mucus which is frothy and watery, of a greenish hue. There is no means of restoring an emphysematous lung, but you can relieve the bronchitis; patients labouring under emphysema generally labour under indigestion.

Treatment.—Keep the patient in a state of nausea, surface warm, this is best done by keeping them in bed, giving ipecacuanha in such doses as not to induce vomiting, and diluent drinks, as barley water. Tartar emetic for pneumonia, with bronchitis in an advanced stage, is a very valuable remedy, but you must not give it too frequently; the instant you perceive the strength fail you must discontinue it; the pulse does not indicate the time when to do so; the smallest dose, when the inflammation runs high, is a quarter of a grain, but you must keep up the influence of the medicine on the system.

Beef Tea.

Ipecac. gr. ¼.
Ext. Conii, gr. viij.
Fiat pil. 4tis horis sumend.

The next case is that of a boy, labouring under phthisis. Joseph Rogers, aged 10, a pale, delicate-looking child, was admitted 27th of October. He states that he has for the last three months been attending the Opthalmic Hospital, Charing Cross, where he was much depressed by leeching and salivation, kept up for some time. On his admission the face was pale, and had an exsanguine hue, except towards the afternoon, when it was tinged with the hectic flush; eyes have a light glassy aspect; skin hot and dry; though he has had severe sweats at night, at present they are quite absent; the tongue is white, and has a disagreeable taste in the mouth; appetite good; bowels regular; complains chiefly of extreme debility, has no pain.

Pulse small, steady, and 105. Has a short hacking cough, with at times expectoration of a greenish, viscid, and frothy fluid, having such a tenacity that its expectoration is rendered extremely difficult; rests very indifferently at night.

Thorax, percussion.—Dulness perceptible beneath both clavicles, especially the left, and in the axillary regions of both sides—in other parts healthy.

Auscultation, right lung.—Over its surface anteriorly and posteriorly, there is a slight sibillous râle—beneath the clavicles and in the axilla, crepitation is rough and principally bronchial, detectable on both inspiration and expiration—posteriorly in the supra-scapular region the same thing exists.

The left lung also shows evidence of bronchial inflammation; beneath the clavicles and axilla bronchial respiration taking the place of the natural vesicular; in these situations there is broncophony. In the supra-scapular region there is a cavernous respiration with gurgling on making him cough.

Remarks.—First attend to the aspect of this child—he is extremely exsanguine; this requires nourishment. On *percussion* of the superior portion, you have a dull sound; this arises from tubercular deposition, which generally takes place in the anterior portion. *Auscultation* gives a clear sound, except under the clavicles, where you have it rough—the slight sibillous râle shows there is a slight degree of bronchial inflammation; tubercular deposit conveys the sound on the same principle as a table on being struck, it is a better conductor than the healthy lung. Now we must improve the blood by good feeding, warm clothing, and the exhibition of steel;—apply Emp. Lyttæ inf. clavic sinistra—give

Pil. Ferri. co. gr. v. bis die,
Acid. Hydrocyan. m. xij,
Pulv. Ipecac. ℈iss,
Aquæ ℥iv.
Dosis ℥ss ter die.

Keep up a degree of counter-irritation, blisters, and lessen the irritation by hydrocyanic acid.

LECTURES ON CHEMISTRY.

Delivered by J. SCOFFERN, Esq., at the Aldersgate Street School of Medicine.

LECTURE II.

GENTLEMEN,—We have traced up chemistry from the period of its first ignoble beginning, to the days when it became a great and mighty science; we have seen the dark genius of alchemy decline, and shades of departed philosopher still diffusing light over the regions on which they trod. The domains of chemistry lie before us as on a chart, and now, after due deliberation, we begin our provincial career.

I do not expect that all will immediately like chemistry, because I myself am fond of it. I am not unaware that the commencement of every new branch of study, no matter how intrinsically beautiful or fascinating, must necessarily seem rather uninteresting; but I am quite certain that the commencement of *our* science involves less preliminary hard training than any other. You have merely to cast your eyes over creation—to remember that it is under the guidance of a few primary laws—to call to recollection the fact that this world, and probably all other parts of the material universe, are made up of a few primary elements, and the field which we, as chemists, purpose to explore stands open to our view. To investigate those laws and simple bodies in all their details of action and composition is your object, and he who can dive furthest into this depth of mystery, returning with the most sparkling gems—he, I say, will be best entitled to the appellation of chemist.

This planet is subject to three easily appreciated and never varying laws, by the continual agency of which we are alone enabled to exist. These are cohesion, gravitation, and chemical attraction or affinity. The last, as its name would indicate, belongs exclusively to our science; but we are also obliged, for many reasons, to enter upon the consideration of the others. Very little can be done in practical chemistry without having recourse to the operation of weighing; hence, it is quite evident that gravitation forms a part of our subject, and seeing that we are continually under the necessity of reducing the size of masses, the force of cohesion must be treated of. But this is not all; in accordance with the general rule, that in proportion as the laws of nature are better known, so are they found to be more simple—many philoso-

phers have been led to imagine that gravitation, cohesion, and chemical attraction, are only modifications of one and the same agent; nay, more, that light, heat, and electricity, may all come under the same generalization! We require no excuse, then, for commencing our clinical studies with a somewhat detailed account of gravitation and cohesion. Cohesion is the force which appears to have been first called into existence by the Almighty Architect of these worlds. The meaning of cohesion is evident enough, it signifies a *sticking together*. And here I must anticipate another part of my course, by mentioning the supposition that matter is atomic, or, in other words, that matter is *not capable of infinite division*, although the particles or atoms which compose it are much too small for the direct appreciation of our senses. The arguments in favour of this theory are many; and under the head of the atomic theory they shall be brought before your notice. I merely allude to the fact here, in order to illustrate the nature of cohesion. I have already mentioned that this globe is made up of fifty-four or fifty-five elementary bodies, all of which we can take cognizance of in *masses* or *collections*, i. e., portions not so small but they might be divided into others; however, we may imagine all those fifty-five elementary bodies to be so totally disintegrated, as to wander about space in their primitive atoms.—This is the notion we must have of chaos; and I repeat that the first law of creation would be to approximate similar particles together; hence cohesion must have been the primary force of all. Cohesion, then, may be thus defined *a force acting between particles of similar kinds at insensible distances, increasing and decreasing in its energy according to a law not yet determined.*

Now we will examine this definition clause by clause. Cohesion acts between *particles*—not *masses*,—and here it differs from gravitation. The particles, moreover, must be of *similar* kinds, and at *insensible* distances. Take examples of this:—*Particles* of iron cohere to other *particles* of iron in order to form a mass, and not to *particles of glass, &c.* Were this rule violated, all individuality of substances would be annihilated, and cohesion, according to our present ideas, would cease to exist. A piece of iron being broken in two, no earthly force can press its broken surfaces so closely together that they shall again coalesce, because the atoms or particles forming those surfaces cannot be brought near enough for their cohesion to exercise itself; hence we learn the propriety of the statement that cohesion acts at *insensible distances*. As we cannot appreciate the distance, of course we cannot investigate the law which regulates the increase and decrease of cohesion; and now we have examined, seriatim, every clause of our definition.

Although the distances at which cohesion acts are not only quite insensible, but also in general smaller than we can command, yet to the latter clause there are found a few exceptions. If two masses of lead, say bullets, be scraped very clean, and afterwards pressed tightly together, they will in many cases adhere; proving that cohesion must have begun to exert itself. Again, it is by no means uncommon, when plate-glass is stowed away in large magazines, to find two pieces adhere so firmly that no force can separate them without producing disintegration of them both. The imponderable agents—light, heat, and electricity,—are totally devoid of cohesion, its agency being confined alone to those which are ponderable. Ponderable matter exists under the three states of solids, liquids, and gases. Of these, solids have their most cohesive liquids less, and gases least of all; indeed, some persons imagine them to have none. Very nearly allied to cohesion, if not a modification of it, is the force called adhesion; in illustration of which we need only mention some very familiar phenomena. If I dip a stick into some water, the former will be made wet, on account of the water adhering or sticking to it: this affords us a simple instance, then, of what is meant by adhesions. Like cohesion, it is exerted at insensible distances; but unlike it we find adhesion exerting itself between particles of different kinds, in this respect being more analogous to chemical attraction. Adhesion does not appear to be exerted between solids, but we can easily find examples of its agency between solids, fluids, and gases reciprocally. The wetting of a stick has already furnished us with an example of this force between a solid and a fluid. We shall now give another experiment to prove that adhesion may also take place between a solid and a gas. On the surface of a glass of water we sprinkle carefully a few iron filings, which although iron is much heavier than water, still remains swimming, for this reason—to each particle of iron adheres a film of atmospheric air, thus enabling it to swim just as a cork-jacket would an inexperienced tyro. That such is the true explanation of this phenomenon, may be proved by gently shaking the particles of iron, and causing them to sink; immediately little bubbles of atmospheric air will be seen to arise.

To the cohesive attractions, which certain solids and fluids mutually exercise upon each other, we must attribute many curious phenomena. Oxygen and hydrogen gases, when mixed together in certain proportions and *made to combine*, yield water for the result: they will *not* combine, however, except their particles be brought into a certain proximity with each other. This may be effected by flame, by electricity, and lastly, by certain metals, of which platinum is the best. This phenomena is explained by Professor Faraday as dependent upon a cohesive force exerted by platinum on both these gases, bringing their particles so very close together that they at length come within striking distance and unite. In order to facilitate this action, the platinum is usually converted by chemical means into a spongy mass. Many very active experiments might also be adduced, proving that certain fluids and solids have not an adhesive attraction for each other. The vegetable powder, lycopodium, now frequently used instead of magnesia for the purpose of enveloping pills, has an extraordinary repulsion for water, so much so, that the hand, having been rubbed with the powder, may afterwards be immersed in water and still remain dry. Mercury and glass, again, have not an adhesive attraction for each other; consequently, this fluid metal, when in glass vessels, always assumes a convex aspect; whereas, when placed in a metallic vessel, its appearance is concave. It is owing to adhesion that we have the phenomena of capillary attraction, i. e., the rising of fluids in tubes which are so made as to be termed capillary, or hair-like. If one extremity of a minute glass tube be plunged into water, the fluid will be observed to rise some distance up the tube; this is said to be an existance of capillary attraction, evidently depending on the cohesion exercised between glass and water. In proportion as a tube is smaller—within all limits that we can take cognizance of—so is its power of capillary attraction greater, inasmuch as the attractive mass of its parieties *increase* in a greater ratio than its bore *decreases*.

So much, then, in explanation of the force termed adhesion—by some considered as only a modification of cohesion, by others as more nearly allied to chemical attraction, while there are those who regard it as a totally different force to either.

We now come to the consideration of chemical attraction, or affinity, which may be thus defined: *a force acting between particles of different natures—at insensible distances—increasing and decreasing in its energy according to a law not yet determined.* Chemical attraction, or affinity, then, merely differs from cohesion in this, namely, that, instead of taking place between particles of similar nature, it is exercised between those which are different. We have seen that one particle of iron unites to another, owing to the agency of cohesive attraction; but it is chemical attraction which causes a particle of iron to unite with a particle of oxygen, in order to constitute oxide or rust of iron. Chemical attraction, or affinity, is characterized by very often totally destroying the individual peculiarities of substances, in the compounds which they form. Oil of vitriol and magnesia, for example, form Epsom salts; but in this resulting compound, what common indications do we obtain of its originals?

Chemical attraction or affinity will shortly come under our notice again; at present, however, we will leave it in order to discuss the great force of *gravitation or universal attraction*. This may be defined as "*acting between masses at sensible and often very great distances, its power decreasing inversely to the square of the distance.*"

It is scarcely necessary to examine every clause of *this* definition. We *all* know that gravitation is exerted between masses, inasmuch as examples of this are continually presenting themselves to our notice. A person who permits a stick to fall from his hand, and watches its descent to the earth's surface, learns both these facts—he knows that the stick is not a *particle*, but a mass; that the earth is not a *particle* but a mass; he sees them approach each other through a sensible *distance*, and learns the truth of the two first clauses in our definition. Do not forget that the attraction between stick and earth is mutual; in other words, that both move, the distances being inversely proportionate with their relative masses. Supposing the earth to contain a hundred millionths more matter than the stick, then would the space through which it moves be a hundred millionths less than that moved through by the stick. This fact is highly important to be remembered, but is frequently overlooked. Gravitation is sometimes termed *terrestrial attraction*. This is very improper, inasmuch as it is a force common to all material substances whatever. In all examples of gravitation which we commonly see, our planet must necessarily be a prime agent; but to apply any definition to gravitation tending to associate it exclusively with the earth is evidently unphilosophical, and should be abandoned. Remembering that the degree of gravitating influence is always proportionate with the mass of gravitating bodies, it will be interesting to speculate relative to the weight of bodies on various orbs. The mean density of the materials composing our planet is about four times greater than the mean density of those composing the sun; in other words, if a piece of the sun were cut out equal to our earth in size, its weight would be about four times *less;* however, since the diameter of the sun is 886,877 miles, and that of the earth 7,916, it will be found by calculation that the quantity of matter in the sun when compared with the quantity in our planet is in the ratio of 333,928 to 1; hence, all bodies would weigh in the sun *three hundred and thirty-three thousand nine hundred and twenty-eight times more than they do here!* Hence, the strongest man, if conveyed to that luminary, would be unable to stir from one spot to another, on account of his own weight; while, on the little planet Ceres, Juno, Vesta, and Pallas, a man's weight would be so trivial, that every passing breeze would destroy his equilibrium; and even our fat aldermen might there be wafted to their dainty feasts of turtle and venison on the balmy wings of a zephyr! It is important to remember that gravitation is always exerted from the *centre*, and not the surface of masses—a remark which will best be illustrated by referring to the weight of bodies on our own globe. The *mean* radius of the earth, or distance between its centre and circumference, is about 4,000 miles; a fact which must always be borne in mind when calculating the effects of terrestrial gravitation. A body which on the earth's surface (i. e. 4,000 miles from the centre) weighs nine pounds, will, if removed 4,000 miles from the *surface*, or 8,000 miles from the centre, weigh not $4\frac{1}{2}$ lbs., or the *half* of 9, but only the *fourth* of 9 lbs., or $2\frac{1}{2}$ lbs., because gravitation decreases inversely as the squares of the distances; and the square of 2 (i. e. two distances of 4,000 miles from the centre) is 4, and 9 divided by 4, is equal to $4\frac{1}{2}$. Again, if removed *three* distances of 4,000 miles each from the centre (i. e. 12,000 miles from the surface), its weight would not be the *third of nine* pounds, or *three* pounds, but only *one* pound; inasmuch as the square of 3 is 9, and nine ninths is equal to 1. We say that the earth's *mean* radius is 4,000 miles; by which expression we may infer that our planet is not a perfect sphere. Such, indeed, is the fact, it being what is termed an *oblate spheroid*, (i. e. flattened a little at the poles, something like an orange.) Hence it appears that even if the earth were at perfect rest on its own axis

the attractive force exercised on some parts of its surface would be greater than at others, inasmuch as all parts of its surface are not equidistant from its centre; but the earth turns on its axis with great velocity, its equatorial surface moving at the rate of 1,048 miles per hour; consequently, all bodies every where on the earth's surface, except immediately over each pole, have a tendency to be shot or darted away; nay, even the ovoid form of the earth itself is dependent upon this cause; consequently, at the present time all bodies on the equatorial surface of the globe gravitate less than in any other position, partly on account of their greater distance from the gravitating centre, and partly because of the centrifugal or whirling motion, which first causes this variation of distance to exist. Had the earth moved on its axis seventeen times faster than it does, now (i. e. had it revolved in a period of eighty-four minutes, instead of nearly twenty-four hours), the centrifugal force would have counterbalanced that of gravitation, and all bodies at the equator would have been actually destitute of weight; and if the centrifugal force were further augmented, the earth revolving in less time than eighty-four minutes, gravitation would completely be overpowered, and all fluids and loose substances near the equinoctial line would fly off from the surface just as the drops of water are scattered around from the trundling of a mop. Thus the waters of the ocean must have been drained off, and an impassable zone of sterility interposed between the opposite hemispheres.

DISEASES OF THE TONGUE.

By W. T. KAY, Esq., M.E.S.L.,

Concluded from p. 52.

Malignant Diseases.—We cannot here describe all the varieties of structure which these present; they have been divided into two principal heads, the medullary and schirrous, but there are varieties which it is difficult to say whether they belong to the one or the other. Sir B. Brodie believes that all malignant diseases are nearly related to one another. A woman died with schirrous breast and tumour of the liver, of the character of fungus hæmatodes; there were also cauliflower excrescences of the uterus; these are generally described as different, yet occurring simultaneoulsy in the same individual, they seem to depend upon the same morbid condition. Sir E. Home had a case of schirrous tumour of the abdominal parietes, which he removed; the disease returned, and appeared like a coagulum of blood, destitute of colouring matter; this was removed; the disease again returned and grew to a large size, and the patient died; it was a well-marked medullary tumour, without any of the character of schirrous.

In one of these cases, then, you have three forms of malignant disease affecting simultaneously the same individual, but in different parts of the body; in the other, you see them affecting successively the same part.

A hard tubercle forms at the edge of the tongue, which increases, ulcerates, and is very painful; the ulcer extends, another tubercle forms, which follows the same course, but generally there is only one ulcer, which extends till it has eaten away nearly the whole organ; the tongue loses its flexibility, adheres to the surrounding parts, so that the patients at last can neither swallow nor speak, the glands of the neck become enlarged, the patient loses flesh, and dies partly from the long continuence of the local irritation, and partly from starvation; such is the progress of schirrus of the tongue. But when the disease is of a *medullary* character, there is less pain; the patient observes nothing until he sees an ulcer; you find a softish tumour under the ulcer, which is not noticed till the ulcer occurs; the same happens in fungus hæmatodes of the "glans penis;" the skin gives way, and out bulges a tumour; the disease extends, another tumour forms, and the patient dies with extensive disease of the tongue, larynx, and neck. Indeed, there is one mass of disease from the tongue almost to the chest. The question presents itself, can anything be done? Sir B. Brodie has had no experience in *favour* of operation; never in one instance has he known it to succeed. Schirrus does not begin in one part of the organ, the whole is generally affected, although the other parts appear quite sound; dissection has proved this.

In schirrus of the breast you have a better chance by removing the whole organ, but you cannot remove the whole of the tongue. If the disease is very limited, you may give the patient a chance by an operation, or rather you may give him a chance of your having been mistaken in your opinion of its schirrous nature. You can either apply the double ligature or excision; the first is easily performed, and attended with but little inconvenience from hæmorrhage.

Then there is a class of diseases which look like schirrus, but are really *not* malignant; you see a tubercle at times in the face of elderly people, of an indolent character, which at last ulcerates, eats away the face and bones, and thus destroys life. These are not truly malignant, they resemble malignant diseases if allowed to run their course, but if you can take away the original tubercle, not leaving any trace of it behind, the disease will not return; thus differing from schirrus, &c., Sir B. Brodie believes that the cases in which it has been thought that schirrus of the tongue has been cured, have been of this kind. In one lady this disease was destroyed by caustic potash, which it requires care to apply to the mouth; whenever you use a caustic, always have an antidote by you; thus, if an acid, have a paste made of chalk and water; if lunar caustic, olive oil; and if caustic potash, vinegar. In order to apply caustic to the tongue, you hold its tip with a towel, and bring into view the ulcer, then apply the alkali, and whenever it runs to a part you do not wish it, apply a camel's hair pencil dipped in vinegar, to neutralize it.

Malignant pustule, or glossanthrax, commences with a vesicle, which appears on some point of the surface of the part, and is filled with bloody serum. From being at first livid, it soon puts on a black appearance, bursts, and under it the gangrenous ravages may proceed further and further, until the whole of the tongue is left in the state of sphacelus. In a case of this degree of severity, delirium comes on, and the patient soon dies. It is alleged to be a common disease in horses kept in damp places, and upon moist food.* The treatment should be conducted according to the plans found most efficient in other examples of malignant pustule.

Polypi sometimes grow from the tongue. A case of removal of such a tumour is given in the 'Edin. Med. Chir. Trans. vol. iii.'

Paralysis.—Baron Dupuytren refers to an instance of *paralysis of the left half of the tongue*, with an atrophy confined to the same portion of it; the faculty of taste, however, was retained, which left Dupuytren to suspect that the lingual nerve was principally concerned. The patient lived two years with this affection, preserving his intellectual powers nearly to the last moment of his existence; but his genital functions had been much impaired. A few days before he died, symptoms of compression came on. In the *post-mortem* examination, many hydatids were found at the base of the cerebellum, one of which had insinuated itself into the anterior condyloid foramen, and made pressure on the lingual nerve. This fact seemed to Dupuytren to corroborate the physiological doctrine, that this nerve is more especially concerned in motion and nutrition.†

Fatty tumours are sometimes formed in the loose cellular tissue, *under the tongue*, and cause the same kind of inconvenience as a ranula. Mr. Liston has removed some tumours of large size from this situation, by dividing freely the membrane of the mouth, and detaching the swellings with the finger from its cellular attachments.‡

Ranula is a tumour usually believed to arise from an accumulation of saliva in the duct of the submaxillary, and occasionally in that of the sublingual gland. The fluid, which fills such tumours is the saliva, which gradually accumulates in them, in consequence of its viscidity and the atony of the duct. Now and then the contents are purulent, and very often calculi are met with.§

The excretory ducts of the submaxillary and sublingual glands appear to be the only ones liable to this change, for the texture of the parotid duct is too dense to yield, and constitute a swelling of the above description. Malgaigne believes that ranulæ are most frequently only serous, or ceromucous cysts, developed under the mucous membrane of the mouth.‖

If the tumour acquires a certain size, it pushes the tongue backwards, displaces or injures the teeth, affects the voice, obstructs speech, mastication, and deglutition, and in infants interferes with the action of sucking. Lastly, the tumour may project out of the mouth, or beneath the jaw.

Boinet related to the French Academy a case in which the swelling not only filled the whole mouth, but one-half of the tumour projected out, and a cure could only be accomplished by excision. The two upper incisor teeth, on the left side, were lodged in a depression observable there; and the canine tooth, of the same side, forced outward by the mass of the disease, had pierced the lip near its commissure. A fluid resembling mucus flowed from a narrow aperture at the lower part of the swelling. The tongue could not be seen, so much was it pushed backward, and for some time the patient had only subsisted on liquid food, which he was first obliged to convey to the back of the throat by some mechanical contrivance. The four incisor teeth, two canine, and first grinders of the lower jaw, had been pushed out of their sockets by the pressure of the swelling. The patient's aspect was alarming, and he was threatened with suffocation. Extirpation was deemed necessary, and performed with caution. The large cavity, thus occasioned, was filled with lint. The lower jaw being diseased, Boinet scraped some of its surface off, and covered the places with lint, either dry or dipped in spirits of wine. Some exfoliation followed, and the fungous granulations which grew were repressed by proper applications. In three months the parts were healed in so regular a manner, that the motion of the tongue was not in the least obstructed, and no defect continued, except the alteration of the voice, occasioned by the loss of teeth.

The *treatment* recommended by Paré, is the actual cautery; Dionis recommends opening the tumour, and applying a mixture of honey and roses, and sulphuric acid, to the inside of the cyst, so as to destroy it. Petit relates a case in which puncture with a lancet was made ten times, and yet the cure not accomplished. By the introduction of a piece of lint into the cavity, or by freely opening it, and removing the edges of the incision, the chances of success are increased, but even these methods may fail, as I know from experience. (*Samuel Cooper.*)

M. Louis having observed that the radical cure depended on a fistulous aperture, through which the saliva continued to flow, recommended such an opening for the saliva to be made as would not close. He also advises, in some cases, that a canula be placed in the puncture, and that the patient empty the cyst every morning by pressure.

Prolapsus of the Tongue.—Mr. Crosse, of Norwich, has described this very accurately. In some infants, at the time of birth, the tongue projects constantly beyond the lips, forming the first stage of this disease; and if irritants or astringents be not applied, so as to cause the tongue to retract itself into the mouth, the displacement will gradually increase until it assumes a formidable appearance, and create serious inconvenience. When once a portion of the tongue remains permanently out of the mouth in this prolapsed state, it goes on augmenting in size from constant irritation by exposure, from dependent position, and from constriction of the sphincter oris, and at length hangs over the chin, causing eversion of the lower lip. The organ is elongated and hypertrophied, without any separate organic disease being present. The great weight of the dependent mass draws up the os hyoides and larynx, whilst it depresses the mental

* Andral Anat. Pathol. s. 2, p. 243.
† Dupuytren Clinique Chir., t. iii., p. 364.
‡ Liston Prac. Surg., p. 249.
§ Dupuytren Clinique Chirg., t. iii., p. 302.
‖ Man. de Med. Oper., p. 463, ed. 2.

portion of the lower jaw, and gives to the front teeth a forward or horizontal direction. The saliva escapes continually; the speech is defective; food can only be very imperfectly taken into the mouth, and is swallowed with effort. Professor Lassiss advises the application of leeches, lotions, bandages and support, until the tongue be reduced in size, and it can be placed in the mouth, where it will return to its normal size in a very short time.

Varicose veins is another disease of the tongue, which, however, is very rare. The patient is usually subject to them on some other part of the body, as the nose, cheek, or clavicle, showing some obstruction to the return of blood from the upper part of the body. Sir B. Brodie has seen the same on the chest, from abscess within the chest pressing on the subclavian vein; the abscess burst externally, and the varicose condition of the veins subsided. Sir B. Brodie recommends pressure in this condition of the tongue.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

ARMY.—56th Foot, Assistant-Surgeon Richard Bannatyne from the Staff, to be Assistant-Surgeon, vice Bradford, promoted in 23rd Foot.

HOSPITAL STAFF.—Assistant-Inspector of Hospitals, Montagu Martin Mahoney, M.D., to be Deputy-Inspector-General of Hospitals; Edward Menzies, gent., to be Assistant-Surgeon to the Forces, vice Bannatyne, appointed to the 56th Foot.

TO CORRESPONDENTS.

BOOKS RECEIVED:—

The Present State of the Medical Profession. By Professor Grant.

An Introduction to Chemistry. By G. Sparks.

Dr. H. J., Mr. F., *Plymouth*, L. B., Esq., *Merthyr*, Messrs. J. A., P. F., J. B., *and* Dr. H., *Manchester*, Mr. J. Horris, Messrs. J. & H., *Glasgow*, Captain C., *Piddletoun*, Dr. K., *Cambridge*, Dr. J. M. T., *near Axminster*, Mr. P., *St. Asaph*, Sir P. L., *Camberwell*, Mr. T. R., *Jersey*, Dr. J., *Exeter, his* Friend *at Alphington, all safely received.*

DR. SHIRLEY *is requested to send us the name of his Bookseller in town.*

MR. TILL, Sunderland.—*We recommend our Correspondent to submit his questions to his Lecturers on the various subjects he inquires about. We are not in the habit of giving opinions on books off hand.*

MR. MURRAY, Beech Hill.—*We shall give notice when we have perfect sets of back Numbers for our Correspondents.*

T. B.—*Our Monthly Part, for October, containing five Numbers, was ready on Saturday, the 30th ult. A few copies yet remain.*

G. H., *and other Correspondents, are thanked for their flattering opinions. Our word is* DUTY.

The Title-page and Index of the Fourth Volume will be sent with our next Number.

AMICUS.—*We hear the same thing on all sides. We have reason to believe that it has been going down for the last two years. Writing down to the prejudices of men is a mode of speculation which cannot be permanently successful.*

DR. MASTERS.—108 *missed in the Post Office. We have again sent it. The other Numbers are ready, but we must learn through what Bookseller they can be sent.*

J. H., Philo, Castigator, Senex, T. B., Med. Caius, M. B., *on s'avisera.* S. H., & M. D., *if possible next week.*

Our Correspondents for whom we have no niche must not complain. They are only submitted to the same rule which we submit to ourselves—the bonum publicum. *Where there is so much that is excellent, a limited space can only receive the* most *interesting.*

The Author of the paper on 'A New Instrument for the Relief of Incontinence of Urine,' published in our last Number, informs us that a flat metallic reservoir, placed in a flannel bag, and secured by tapes to the thigh, being attached to the instrument at the neck by a short flexible tube, has been substituted for the caoutchoue bag. The instrument, which we consider a very useful and ingenious invention, is to be had of Mr. Hilliard, of Nicholson Street, Edinburgh.

THE MEDICAL TIMES.

SATURDAY, NOVEMBER 6, 1841.

——Nonne vides ut
Nudum remigio latus,
Et malus celeri saucius Africo,
Antennæque gemant, ac sine funibus
Vix durare carinæ
Possint imperiosius
Æquor?
——Tu, nisi ventis
Debes ludibrium, cave.
HORACE.

IN proportion to our deep and earnest anxiety to urge on the course of Medical Reform, is the amount of chagrin and bitter disappointment we experience, in reflecting on the characters and doings of the British Medical Association. A convention of enlightened professional men assembled in the metropolis for high national purposes, one would have expected to see in their movements marks of a corresponding power and loftiness of character—yet we have only to direct our attention to them, to have before our eyes the ridiculous spectacle of pigmy dealings with giant implements. Littleness presides over their council, sits amongst their deliberations, and marks their doings—incorporating itself with everything connected with them save the *objects* of their union, and the *incapacity* of themselves. If their Association still retain some little portion of tolerance or respectability, it owes it to the excellence of those objects, which wins for it the sympathy of those who sigh for something better—or the personal influence of some three of its members, the manifestations of whose opinions are in themselves a power.

Never, surely, was there a more unfortunate body: it possesses some activity, but *there*, unhappily, there is no influence; it possesses, as we have said, some influence, but *here*, unfortunately, there is no activity. This talented member, as if disgusted, attends as an irksome duty; that intellectual negation, enamoured, as a pleasure—it raises his importance; this active gentleman is there because he can extract from it the uses of a debating club; and a fourth flies to it as an elevated relief to the monotony of parochial statesmanship. If we may hazard an opinion formed from the character of their proceedings, nine-tenths of the busy members know of no higher purpose in their society (after choosing themselves of the council) than the compiling its annual report, and the eating its annual dinner; and those wiser, act as though the great subject of *medical abuse* meant some petty empirical interference in their practice, and that all the profession needed, was to be obtained by a decent deputation's occasional gossip with some trio of courteous members of Parliament.

Such being the character of the management, it need not surprise us that the annual meeting of the Association—the National Association of the profession—should be held in a small room of the London Tavern—and that, small as was the room, the meeting was attended by more benches than members. We are aware that the *Lancet* speaks of "a very numerous attendance,"—of a "crowded auditory," and of "loud" and "tumultuous cheering." We will not summarily dismiss such statements with the aphorism, that the assertions of the *Lancet's* editor, taken by the rule of contraries, are a compendious and certain guide to truth—for the rule we learn receives about a half-yearly exception—but we will do this; we will stake our professional honour against the editor's character—no small odds—that at no time before the hour announced as that of the dinner, were there more than forty persons present, including reporters, *et hoc genus omne;* and we confidently invite the remembrance of all those present to step forward, and arbitrate between the different assertions. Barefaced lying, therefore, and dirty press-work, are mild terms applied to such statements—statements, it must be recollected, made on clear matters of visible, palpable fact. The *Lancet* has always been famed for its crafty knowledge of what will please its men; if it have calculated aright here—which we are far from believing—the sooner the British Medical Association is blown to the four winds of heaven, the better. Craft, falsehood, deceit, may succeed in a struggling adventurer—though not with him for ever,—in a public society it is the sure forerunner—nay, it *is* ruin itself.

But we hope better things for the Association. Satisfied that though hitherto grievously inefficient—nay, impotent to an extent, which wins the pity of its very foes—it still bears an unsullied character for truth and honour, we fondly hope that there is yet before it a glorious mission. Our object is to reform, not to destroy; we punish to save; and while we lash the body with a bitterness proportioned to the little it has done for the efficient reform we so eagerly pant after, we do not forget that its deficiencies are still more chargeable on the public than upon it. General interest is the salt of government; without it, it is as much the tendency of the busy men of associations to corrupt into mismanagers, as of corporate officials into misgovernors. The good of the public in either case is lost sight of behind the uprising tumour of individual importance. The watchful interest of the public is

——"the spur that the clear spirit doth raise,
To scorn delights, and live laborious days;"

and when this is absent, we must not be surprised if the movements of an association,

formed for the best purposes, devolve upon uncleaner animals, influenced by less honourable motives. We repeat, therefore, that the public are as much to blame as the moving agents of this society ; and that if they had taken, as they ought to have done, an active interest in its proceedings ; if they had watched, supervised, and directed them ; in short, had they done their duty unaffected by personal feelings, or that mark of the meanest minds, jealousy of others taking the initiative, the British Medical Association would have never merited, and as certainly would have never received, the severe animadversions which we have felt it our duty this day to administer.

We implore that portion of our profession who take an interest in medical reform, that is, the whole profession, to step forward, and, atoning by present alacrity for past lukewarmness, to save the Association from itself. Let those who have joined and worked not, and those who have joined and seceded in disgust, and those who have never joined—let each and all join now heartily in the work. Their adhesion will destroy the causes of their alienation : their united junction is the sure cure of the causes of their separation. Our first want is numbers. The power of united numbers is a primary necessity. The notion of carrying efficient reform against the odds we have to battle with, by means of such bodies as this Association, with its present paucity of numbers, is one of the most amusing, among the many, proofs it has furnished of its ignorance of the real nature of its work. The second want, is the members' interest in the success of their cause, and in all the means connected with its attainment. Without this, as we have said, an association, whatever its numbers, will, as a matter of course, stagnate into contemptible imbecility. With it, there can be no evils of a dangerous—certainly none of a permanent character.

One duty, which we would earnestly press on the present members and the council is, an immediate *change of secretaryship*. The very life-blood of an association like this is its secretary. It depends on him for all its spirit and efficiency. Mr. Harrison is very well in his way,—a kind-hearted, simple-minded, good-looking, young man, well enough qualified to discourse of the weather to a circle of maiden aunts, but that he has any qualification beyond professional leisure for his present post, when there is such hard—aye, and *high* work to do, is the most palpable absurdity that can well enter the human brain. The marshalled columns in the hard service of medical reform ask, in their officers, not so much good looks, amiable modesty, or great leisure, as knowledge, nerve, and mental power. In all these Mr. Harrison's disqualification is complete.

Of Mr. Harrison's immediate co-mates, puny busy-bodies on puny matters, we have already said enough—more were, perhaps, useless. Till the profession be induced to take more interest in the Association, they must be patiently allowed, we imagine, to make the Association as much a junta as the juntas they condemn, and to indulge the other freaks of their puerile fancies, with no other limitation save that prescribed by a weakening sense of decency. Most of them, we understand, resting their hopes of fame and practice on some humble connexion with a weekly contemporary, regulate their movements in the Association by the wishes of its showmen, content, for its occasional notice, to peep about beneath their legs, and find themselves dishonourable sitting-places. We can but pity them. The poet's imagination descried

"—— a lower than the lowest deep;"

these realizing a lower descent are the fags of the fags of the *Lancet*.

We know that this *exposé* will subject us to the charge of severity—but when members are counted out of the House of Medical Reform be on the table—when the most numerous Association of the kingdom (the Provincial) has ceased to be a Reform Association—when the druggists enroll against us 200 members in a fortnight, while we take a twelvemonth to enlist fifty-two, we feel that it behoves us to throw overboard the niceties of overstretched amenity, and careless of all personal considerations, to place the whole truth before the world in all its repulsive integrity. It is a right we owe to the public—a debt we owe to the profession—and a duty which we owe to the Association itself.

Carmina Petrus emit : recitat sua carmina Petrus :
Nam quod emas, possis dicere jure tuum.
MARTIAL.

OUR "minor contemporary," in giving some notice of the Meeting of the North of England Medical Reform Association, which we had spoken of in the previous week, exhibits what Puff in the *Critic* calls a few "extraordinary coincidences." We give a few specimens :—

THE MEDICAL TIMES OF OCT. 23. *(One week before.)*	THE MINOR OF OCT. 30. *(One week after.)*
The temper, the fairness, and spirit of mutual concession, displayed alike by the Council and General Meeting, are beyond all praise.	It gives us much satisfaction to observe the tone of moderation with which the reasonable demands of the profession for a reform of their institutions, and a fitting constitution of their body, were put forth.
The question of Medical Reform brings into play such a vast complexity of interests, and presents itself under such a variety of countless aspects, that an approach to uniformity of sentiments as regards either the essence or accidents of the required changes, cannot safely be expected till the whole subject has been long prominently before the public, and all its details carefully and amply deliberated on by at least the great bulk of the profession—a result, we need hardly say, not to be obtained by one or two scattered annual meetings, and the stray advocacy of of a few feeble and conflicting journals.	It must be presented in various aspects, and again and again brought forward, until the mind becomes familiarized with the idea, before a due sense of its importance, and a conviction of its intimate relation with the general—[but we are tired of the sentence, and here part company with it. Again :] The repeated presentation of images and thoughts, and the reiteration of arguments which are made subservient in the instances referred to, to the debasement of the moral feelings, or to promoting the views of the political demagogue, may be directed into the more legitimate channel of contributing to the development of genuine knowledge, (*genuine* knowledge !) and the development of just and equitable— [But we cannot quote more.]
No two measures could be wiser. By the first they secure the aid of the reflecting portion of the lay community, who are infinitely more interested in the question than the most zealous reformer in our own body, and without whom we can achieve nothing worth struggling for.	The objects to be gained are of equal import to the community and to the medical practitioner, and are of far too serious a character to be sought by distorted representations, or contended for through the medium of ridicule or reproach.
By the second [submitting two plans of Reform to the member's calm thought], they do what lies in them to arouse a better consideration of the subject, and to elicit what we much want—such an expression of opinion as may enable us to fix decisively the nature of the reform which the intelligence of the great majority of our body requires.	The members acted wisely also in withholding the expression of their opinion on the specific measures recommended to their notice ; for however it may be thought by individuals that one or other of the plans of reform proposed to the meeting may be best fitted for the object, it is highly desirable that ample time should be allowed for the consideration of plans so extensive before deciding upon them.
They have evidently learned to feel—what we have long been convinced of—that the first step towards any real efficient change is the generation of harmony among all classes of medical Reformers, &c.	To give unity, and, consequently, strength and efficiency to the great body of the profession, some, &c.

It is somewhat flattering thus to supply leaders for two journals—albeit, the pabulum we furnish be somewhat liquified to suit the weakly health of the latter. Truth to say, however, we like not these street curs of whatever colour or degree, by whose means our matter gets two digestions. When will the heads of the Provincial Associations remember that Dr. Peter Green's practice is far too extensive to allow him to give proper attention to the numerous wants of their interesting bantling—that most ricketty offspring of a most diseased incubation!

The Lancet, in consideration of a 5s. or 6s. fee. has been lending its pages to give publicity to the following advertisement. We omit the name and surname of the foreign vagabond, who, with the aid of *a Medical* Journal, gets his living by either gulling or degrading our profession.

"Foreign Medical Association.—The object of this Association is to assist in counteracting the Abuses of the Medical Schools of this Country, in so far as it confers Degrees in Medicine from a celebrated Continental University, on any person who holds a regular Diploma or Licence of Practice from any College of Surgeons, Society of Apothecaries, or Chartered Medical Schools in Great Britain or Ireland, without additional examination or trouble.

"All communications to the Association may be directed (pre-paid) to ———, Secretary, ——— Coffee-house, ——— road, London."

If such be the value of Foreign degrees, how much should they count for in any new organization of the Medical community ?

CAMBRIDGE.—The Professor of Anatomy commences his course of lectures on anatomy and physiology, on Monday, November 15th, at 1 o'clock, in the Anatomical School.

EXTRACTS FROM FOREIGN JOURNALS.

For the 'Medical Times.'

GERMAN JOURNALS.

INTERESTING CASE OF SYPHILITIC EXOPTHALMIA CURED BY THE WATERS OF POLLINI. BY PROFESSOR FLARER.

A MAN, 25 years of age, of a strong constitution, born of healthy parents, was affected, in the spring of 1838, with a chancre on the glans penis, which being maltreated, became covered with fungous vegetations. About the same time he was attacked with paralysis of the muscles of the left side of the face, which was cured by the use of purgatives. The chancre also improved under the influence of suitable local treatment. Six weeks after an ulcer appeared on the palate, which healed, together with the chancre, under the use of a decoction of dulcamara and sarsaparilla; afterwards the ulcer on the throat reappeared, the hair and the beard fell off, and one testicle became highly inflamed, especially the epididymis and the spermatic cord; (use leeches, poultices, and evacuants.) The inflammation subsided a little, and passed alternately from one testicle to the other, during a space of three months, at the end of which there remained an induration, which was left for cure to the efforts of nature. In April, 1839, the patient perceived a diminution of the sight of the left eye, which was neither inflamed nor painful; but in a little time after, the vessels of the conjunctiva became injected; (purgatives, leeches, afterwards poultices, a collyrium of zinc with laudanum, and eau céleste.) During this very improper treatment the iris became rugged; the presence of an extraneous body was suspected on this organ, and Dr. Flarer was consulted for the first time, who found the patient exhausted and discouraged; he had all the symptoms of a mild attack of iritis, without pains or intolerance of light; the secretion of tears was rather abundant, the palpebral conjunctiva relaxed, that of the globe injected, the sclerotica of a rose colour; the iris, naturally brown, was reddish, immoveable, and rugged, the pupil drawn to the inside, and upwards; (give pills, with a grain of calomel, and four grains of extract of henbane, to take two a day; frictions with mercurial ointment in the supra-orbital region.) The patient had hardly taken thirty-six pills, when a profuse salivation showed itself; nevertheless the amelioration was remarkable, the redness had disappeared, and vision was improved. But this improvement lasted only three weeks; the iritis reappeared, and was combated by frictions of mercurial ointment; the patient had nearly used three ounces, when he completely lost his sight. Two dark yellowish and pyriform excrescences were formed below and on the outer side of the ciliary border of the iris, closely pressing against the cornea, and becoming gradually elevated, so as to cover over the whole pupil; nearly the whole anterior chamber was filled up by these two excrescences; yet the patient had but little pain, and could still distinctly perceive the light. Dr. Flarer now prescribed twenty-four pills, composed of six grains of corosive sublimate, four grains of opium, and a drachm of extract of gentian, one pill to be taken every night, and mercurial frictions above the orbit. Under this treatment the excrescences, as well as the inflammation, disappeared, and the eye seemed cured, excepting vision, which remained feeble, and the sclerotica, which preserved a dirty yellowish colour. The patient had taken, in all, twelve grains of corosive sublimate, when his ordinary medical attendants, who had an antipathy for mercury, advised him to discontinue it. Four months afterwards the inflammation reappeared, and the patient, of his own accord, again had recourse to the sublimate, which was taken very irregularly, the physicians of the house being altogether opposed to it.

Vision and even all perception of light was lost in July, 1841, and a tumour was formed on the outside and upper parts of the sclerotica of the size of a small nut; the conjunctiva was puffed up, and covered two-thirds of the cornea; nothing could be seen of the iris; he had no pains in the eye nor in the head; no intolerance of light, nor involuntary shedding of tears. He was again made to take the sublimate in the dose of a quarter of a grain every day, and was placed on a severe diet; nevertheless, the tumour gradually increased in size, and caused an annoying pressure on the neighbouring parts; the appetite, strength, plumpness, and courage failed; one of the testicles became again inflamed; a copper-coloured eruption covered the neck, chest, and back; and at one time there was diarrhœa, at another constipation. The tumour had pressed against and even covered over the two eyelids; it eventually burst, and left a callous ulcer, with deep furrows, and hollowed so as to admit the tip of the finger; at the bottom it was grey, and discharged an acrid sanies. The corrosive sublimate was administered without the least effect, and was therefore laid aside for the essential oil of turpentine, of which the patient took, for the space of eight days, a drachm and a half in six ounces of almond emulsion, during the 24 hours. The ulcerated tumour had acquired the size of a fist, and had become so painful as to deprive the patient of sleep. In this state of things, extirpation of the eye had been several times proposed, and the patient himself eagerly demanded it. Dr. Flarer, before undertaking this operation, which would not in other respects have changed the syphilitic action, then proposed a consultation with old Dr. Pollini; he prescribed a bottle of the decoction of Pollini to be taken every day, and lotions of the same decoction newly prepared for the copper-coloured eruption, and he also covered the eye with poultices. Improvement manifested itself at the end of three days, by return of appetite; on the eighth day, the swelling of the conjunctiva sunk down, the pain in the head disappeared, the ulcer lessened, bore a more healthy appearance, and strength returned. The patient appeared cured after taking 24 bottles, but for the sake of safety he was made to take 12 more. Since that time he has continued to enjoy perfect health; the ulcer closed, and an elongated cicatrix is formed on the sclerotica; the cornea regained its transparency, but the globe is atrophied, moveable, and exceedingly fit for an artificial eye.

OPERATION FOR STRAIGHTENING AND LENGTHENING THE PENIS, BY DR. ENGEL.

IN cases where it is necessary to diminish a curvature of the penis, too great for the free exercise of coition, or passage of the urine, or to give a perfectly straight direction to the canal of the urethra for the introduction of the sound and straight lithotritic instruments, M. Engel proposes the section of the suspensor ligament of the penis by a transverse incision above its root, and prolonged on each side along the descending rami of the pubis. The wound of the integuments is afterwards united by means of a suture.—[Would not a subcutaneous section be better?—ED.]

FRENCH JOURNALS.

PHENOMENA OF MUSCULAR CONTRACTION.

M. BOWMAN writes to the Academy of Science that, according to his observations, the contraction never occupies the whole length of a primitive fasciculus at the same instant; even the most violent contraction consists in partial contractions which take place with extreme quickness. He thinks that we may thus explain the muscular bruit, and the increase of temperature, the existence of which has been proved during the continuance of contraction.

FORMATION OF THE GREAT SYMPATHETIC NERVE.

M. Medici, after repeating that Scarpa considered the great sympathetic as proceeding from the spinal nerves, declares that his dissections have convinced him that the great sympathetic does really communicate with both the anterior and posterior roots of the spinal compound nerves, but he does not believe that these filaments of communication form the roots of origin of the grand sympathetic, but, on the contrary, he considers this nerve as essentially distinct from the cerebro-spinal system.

TAPE-WORM.

Dr. Levacher has in his possession a tape-worm exhibiting a monstrosity, which consisted in its presenting, in the whole length of its body, a well-marked and floating crest which represented part of another worm. In the plates of Bremser's work there is an instance of a similar disposition, but less marked, and to which he has given the name of the "monster tape-worm."

M. Levacher has another tape-worm which measures 4 mètres, 30 centimètres in length, and which he considered about twelve and a half whars' old, according to the actual age of the subject who was the bearer of it, and the period at which its portions began to be voided. The following is the formula which M. Levacher employs against tape-worm:—

℞ Castor Oil, ℥iiss.
Essence of Turpentine, ʒv.
Distilled Mint Water, ℥iiss.
Simple Syrup, ʒx.
Powdered Gum Arabic, ʒiiss.

The gum, syrup, oil, and essence must be rubbed into a mucilage in a mortar. This should be well mixed, and then add by degrees the distilled mint water.

HIPPOCRATES ON TETANUS, COMMENTED ON BY MONS. GUERBOIS, SURGEON TO THE HOSPITAL OF LA CHARITE.

6th. When a person is seized with tetanus, death either takes place in four days, or if that time be passed the patient recovers.

Among a great number of aphorisms, which prove the sagacity, the judgment, and the exactitude of observation of Hippocrates, this is one of those which give evidence that he had acquired a knowledge of the pathological nature of this disease through experience, and had proved, in a mathematical manner, both its good and bad changes. Truly tetanus is mortal, essentially mortal, within the space of four days; this is a constant fact, and which in sound and prudent practice is confirmed more and more every day; tetanus is a nervous state, announced in the wounded by a contraction of the muscles of the face, a contraction producing a fixed state of the jaw-bone, which goes on increasing to that

degree as to cause an impossibility of introducing liquids into the mouth; the eyes are bright, and rather watery; the features are sunken; the spasm extends to the larynx; and on introducing a few drops of liquid between the teeth, the pharynx becomes so contracted, as not to allow them to pass, and they are rejected outside the mouth, mixed with some frothy saliva. The muscles of the neck, chest, and abdomen become successively contracted with great force, producing a difficulty of respiration; the abdomen is sunken in consequence of the contraction of the muscles surrouuding that cavity. The muscles of the upper and lower limbs also become speedily drawn up, so that the whole muscular system is seized by this state of spasm. Sometimes the body preserves a perfect straightness; sometimes it is curved forwards, at other times backwards, and finally it is sometimes bent to the right, and at others to the left. These different characters of tetanus have received various names purely scholastic, and altogether indifferent as the treatment of that terrible affection. But whichever curvature of the body may be induced in the wounded by tetanus, the danger is not the less imminent, and death necessarily results on the second or third day; so much the more surely that we do not know the cause producing it. Great moral emotion may doubtless predispose those labouring under injuries to the development of this horrible complication; thus, during the wars of the revolution and of the empire, it was often observed in the hospitals that officers were much more liable to tetanus than their soldiers, in cases where the wounds were of a similar nature, the circumstances surrounding them being exactly the same. They had undergone the same fatigues, and similar privations; they had assisted in the same combats—the same battles; and still, I repeat, that the officers were much more frequently attacked with tetanus than the private soldier. Assuredly there can be none so blind as not to see in this circumstance the influence of the moral powers on the physical.

Atmospheric causes also should be appreciated by military surgeons. Some have often said, and are pleased with daily repeating it that hot climates favour the development of tetanus; this is an assertion which to me appears devoid of foundation; for, as I have already said, although we frequently see tetanus develope itself in Italy, Spain, and Portugal, yet we more frequently meet with it in Germany, Austria, Prussia, and Russia; and, certainly, if there be an atmospheric condition favourable to the healing of wounds, it is a temperate state of the air, whilst a cold frosty atmosphere, by the same rule, forms a most serious complication in their treatment.

[We have selected this morceau as offering an interesting connexion with the case of tetanus given by us last week.—Ed.]

REVIEWS.

A New Process for Purifying the Waters supplied to the Metropolis, &c. By Thomas Clark, Professor of Chemistry in the University of Aberdeen.

There are, perhaps, few subjects which have excited more general interest, than the various projects proposed for obtaining a purer supply of water for the metropolis. The Thames, the great receptacle for all the sewers of London, is almost the only source from whence the inhabitants are allowed to derive their supply of this necessary article. All the plans hitherto proposed for remedying its impurities have bee innvariably unsucccssful. The attempt to purify it, by allowing its stagnation, a practice adopted by some companies, although it gives time for the deposition of some gross impurities, has the evil of causing the generation of certain animal and vegetable productions, as well as some saline ingredients, which must be regarded as still more noxious. Boiling and filtration do not remove these; but it is found that certain chemical substances unite with them, throwing down a precipitate, and thus purifying the water. This is the principle of Dr. Clark's process. One of these combinations existing in the water is bicarbonate, or carbonate of lime, held in solution by an excess of carbonic acid. Now, on the addition of quick-lime to this, the excess of carbonic acid unites with the lime; and so two portions of carbonate of lime, which is insoluble, are formed, and become precipitated. This process likewise destroys the animal and vegetable formations, and also prevents the fur in boiling. But as there are other salts besides bicarbonate lime existing in the water, and as the proportions even of this must vary with various degrees of temperature and change of season, we fear that this discovery, admirable as it is, can never have more than a limited utility.

An Easy Introduction to Chemistry. By G. Sparkes.

This is one of the best elementary works on Chemistry we have seen. The analytic system is adopted, and gives to the matters treated of an interest which must render the work very acceptable to young readers. The writer's style is concise, unpretending, and extremely lucid—in truth, the most judicious good taste is obvious through the whole of the little work.

A Treatise on the principal Diseases of the Air-passages, Lungs, and Pleura. By Alfred Catherwood, M.D.C.M.

This modest volume is better adapted for the medical student than one more advanced in practice, and is perhaps addressed by the author to the general reader as much as to either. For ourselves, we confess, that the author has chosen for his essay (his first, we believe) a subject which, recollecting the many high names, the most distinguished our profession can boast of, who have wedded, or are wedding themselves, to immortality by their labours in the cause of its elucidation, we should not have recommended to him if he had done us the honour of consulting our opinion, or adopted ourselves. At the same time, to do the author justice, he seems content to lay claim to but little originality, following in the beaten track marked out by his numerous predecessors, and here and there increasing the interest of his work by capital quotations from the foreign schools. There are many useful remarks contained in this treatise, and altogether it will well repay the time spent in perusing it.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members on Friday, October 29th, 1841:—Samuel Pitman, William Farrow Lawrence, Robert Elliott, Thomas Best, William Braybrooke, William Bousfield Page, Wm. Henry Sloggett, James Martin, Joseph Griffith Swayne, William Dean Wathen, Richard Thomas Tasker.

MEDICAL NEWS.

Westminster Hospital Medical and Scientific Society.—*Photogenic Drawing.* Wednesday, October 27th, 1841. Mr. Lewis, President. After the election of new members and the general business of the Society, a paper was read by Mr. Kay on Photogenic Drawing. The author commenced by delivering a short introductory address to the subject, and proceeded to describe the process. In order to make what may be called ordinary photogenic paper, the author selects, in the first place, paper of a good firm quality, and smooth surface, and thinks that none answers better than superfine writing-paper. Several methods of preparing the paper were described, and each one fully explained; but Mr. Kay particularly recommended the method employed by Dr. Schäfhanett on account of producing a much more sensitive paper. He recommends Penny's improved patent metallic paper, and spreading a concentrated solution of the nitrate of silver (2½ drachms of the nitrate of silver to six fluid drachms of distilled water), by merely drawing the paper over the surface of the solution contained in a large dish. In order to convert this nitrate of silver into a chloride, it was exposed to the vapours of boiling muriatic acid—a coating of a chloride of silver, shining with a peculiar silky lustre, was by this method generated on the surface of the paper, without penetrating into its mass: and in order to give to this coating of chloride the highest degree of sensibility, it was dried, and then drawn over the solution of the nitrate of silver again. After having been dried, the paper was ready for use; and no repetition of this treatment was able to improve its sensitiveness. The author's process for fixing the drawing definitely was as follows: He steeped the drawing from 5 to 10 minutes in alcohol, and after removing all superfluous moisture by means of blotting-paper, and drying it slightly before the fire, the paper thus prepared is finally drawn through diluted muriatic acid, mixed with a few drops of an acid nitrate of quicksilver, into the minutiæ of the preparation of which we cannot here enter. The addition of the nitrate of mercury requires great caution, and its proper action must be tried first on paper slips, upon which have been produced different tints and shadows by exposure to light; because if added in too great a quantity, the *lightest* shadows disappear *entirely*. The paper, after having been drawn through the above-mentioned solution, is washed well in water, and then dried in a degree approaching to about 150° Fahr., or, in fact, till the white places of the paper assume a very slight tinge of yellow. The appearance of this tint indicates that the drawing is fixed permanently.

Mr. Kay then proceeded to point out the improvements that had been made in this process from the commencement, in 1827, to the present time: One of them, which is very valuable, we here mention. M. Frizeau, in 1840, discovered a method by which the designs may be fixed, so that a person might rub them with the hand covered by a glove without defacing them. His method consists in employing a salt of gold—a liquid being formed of 15 grains of chloride of gold dissolved in ¾ of a pint of pure water, and 46½ grains of hyposulphite of soda dissolved in an equal quantity of water; some drops of this fluid, after the light has ceased acting, are poured upon the design, after the latter has been heated with great care. In this operation the silver is dissolved, and gold precipitated.

The author then concluded by explaining the principle of the Daguerreotype and its application to many useful purposes; also the uses

to which the Photogenic Drawing might be applied, viz., to copying manuscripts and drawings: to travellers, who would by this method be enabled to take views of public buildings, monuments, &c.; to the naturalist travelling in foreign countries, who may wish to keep some memorial of the plants he finds, without having the trouble of carrying them about with him; to the microscope, to copying sculpture, and, in fact, to purposes too numerous to mention.

A short discussion then took place on the subject being applicable to the printing of manuscripts, in which Messrs. Kay, Williamson, Longmore, and some other members, took part.

Oxford.—The Clinical Professor began his course of lectures, at the Radcliffe Infirmary, on Tuesday, November 2nd, at 11 o'clock.

Medical Association of Ireland.—The Council met during the last month, and resolved to employ counsel to try the validity of the report of the Treasurer of the County of Dublin, to pay Dr. Thornhill the amount of two Coroner's orders on the ground that another witness had been already paid on account of the same inquest. They agreed also on a report, which is only remarkable inasmuch as it proposes a change in the constitution of the Association, suggesting that the President, Treasurer, Secretary, and Council, should be elected by ballot, &c.

Mr. Guthrie has postponed his Clinical Lecture to next Saturday; when it is delivered we shall give a full report.

RHATANY IN THE TREATMENT OF FISSURE OF THE ANUS, PROLAPSUS ANI, AND LEUCORRHŒA.

Dr. W. P. Johnson relates, in the *Medical Examiner*, (May 8, 1841,) two cases of fissure of the anus, successfully treated by rhatany as recommended by Bretonneau; and Dr. J. B. Biddle records, in the same journal, a case of prolapsus ani, and one of leucorrhœa, cured by injections of the same article. Dr. J. and B., however, employ a preparation made according to the following formula, which they conceive to be a far neater one and more efficacious than that used by Trousseau. R. pulv. rad. kramer. ℥ss.; aq. font. ℥vj. Put the root into a displacement vessel, or glass funnel, with a cork fitted in the bottom; pour the liquor over it, and macerate for an hour or two; withdraw the cork, and repass the liquid two or three times; then displace with an additional quantity of water until ℥vj. has passed. Prepared in this way, each ounce will contain from 25 to 28 grains of extract.—*American Journal of Medical Sciences.*

PROPHYLAXIS OF TUBERCULAR PHTHISIS.

By J. COSTAR, Esq.

If this disease originate in the entire system, if it is but the local manifestation of an universal disposition, its development can only be prevented by the employment of means suited to modify the whole constitution. It was to attain this result that I long since undertook numerous experiments, of which I presented an abstract to the Academy of Sciences in 1838.

It must first be admitted that tubercular matter supposes the existence of a special disposition of the entire system; this organic disposition is *hereditary* or *acquired*.

Tubercular matter is a product of the entire organisation. It exists in the circulating fluids, especially in the blood.

This general disposition of the system may be changed, especially when it is but commencing; and it may also be generated at pleasure. The following are some of the experiments which I instituted respecting these points:—

1. During four years I subjected numerous dogs, rabbits, Guinea-pigs, &c., to hygienic conditions, calculated to excite in them the tubercular diathesis. Thus, some of these unhappy animals inhabited a dark cellar, during several months, being enclosed in cages surrounded with damp cloths, so as to prevent exercise, the access of light, and constantly to expose them to a damp and cold atmosphere. Some of these animals were fed exclusively on from 75 to 250 grammes of bread, containing per 500 grammes 4 grammes of subcarbonate of iron. Without going into all the details of these protracted experiments, suffice it to say all the animals fed in the ordinary way became indisposed, and most of them were affected with tubercles; whilst those fed with the chalybeate bread, though by no means in good health, as may be understood from the situation they were placed in, yet all escaped tubercular deposit, or any glandular enlargement.

2. I exposed female rabbits and dogs recently impregnated to the same deleterious influences. They were in great part fed with bread containing an exaggerated quantity of iron, for the purpose of ascertaining whether that substance would prejudice the fœtus. The young all came to their full term, and were born strong and vigorous. The mothers were kept in the same conditions and fed with the chalybeate bread during the period that they gave suck.

I am so satisfied not merely of the harmlessness but of the advantages of chalybeate diet, that I do not hesitate to recommend its use to pregnant women, whose state of health seems to require it.

In the course of my experiments, I tried an infinity of other substances, as baryta, lime, iodine, bromine, tannin, alum, &c., but without any success.

I also obtained other results which are not unimportant. I observed, as I had already suspected, that iron remarkably accelerated the cicatrization and reparation of solutions of continuity of various kinds. In fact, it augments the plasticity of the blood, and thus favours the formation of granulations in wounds, ulcers, &c., especially in persons of feeble constitution. I have no doubt that fractures are consolidated more rapidly under the influence of iron.

Inflammation does not contra-indicate the use of iron, for so far from augmenting inflammation, it tends to make it cease. If the contrary has been hitherto taught and believed, it has been so in consequence of prejudice, and not from a rigorous observation of facts.

It results from my researches, that it is not a senseless expectation that we may be enabled to correct the hereditary or acquired diathesis whence tubercular and scrofulous affections arise. To withdraw individuals from the influence or morbific agent is doubtless the first indication; but this is by no means always practicable, and therefore in most cases we shall be reduced to an attempt to counterbalance the influence of existing circumstances. Our means for so doing must chiefly consist in introducing into the system the reparatory material that may be wanting, and some modifying substance which may produce an impression on the entire economy, and enable the process of assimilation to be regularly carried on; and these objects will be best attained by combining iron with alimentary substances. I do not pretend to say that iron is the only agent capable of producing such effects, but it is the only one that I am as yet aware of.

The preparations of iron employed should be so cheap as to be within the reach of every one, as the indigent are those that need it most. The subcarbonate is in this predicament, and no objection lies against it, because of its insolubility, as beyond all question it is absorbed, *especially when swallowed simultaneously with the food.—Gazette des Hopitaux.*

ON GOUTY CONCRETIONS,

WITH A NEW METHOD OF TREATMENT.

By ALEXANDER URE, Esq., M.D. M.R.C.S.L.

Communicated by Sir Benjamin C. Brodie, Bart., to the Medico-Chirurgical Society.

It is well known that persons afflicted with gout are liable to the effusion of a white liquid into many of the internal cavities of the body. This liquid consists of serum and urate of soda, with sometimes a little urate of lime. In the course of time the serous particles become absorbed, leaving a kind of soft clayey residuum, which afterwards becomes hard and friable; thus forming the so-called tophaceous concretions, or chalk-stones.

Gout may be regarded as a specific inflammation which seems to affect the serous and fibrous structures. Accordingly we find that the above depositions most generally take place in the cavities of joints, in the bursæ mucosæ, in the ligaments, neighbouring aponeuroses and cellular membrane, and in the periosteum. They have even sometimes been met with between the cutis and cuticle.

A remarkable instance of tophus in the ligaments, tendons, and aponeuroses about a joint, is described by Lobstein,* and another of the same kind by Vander Boon Mesch.

The effusion from which these concretions are derived occurs not only during fits of gout, but likewise in the intervals; and as the extremities of the body, particularly the hands and feet, are the principal seat of the disease, it is there that the greatest accumulations take place. They occasionally, however, make their appearance about the articulations of the jaw and spine.†

It is a remarkable fact, which has been clearly pointed out in Mr. Moore's valuable paper upon gouty concretions in the first volume of the Transactions of this Society, that although this process is usually preceded and accompanied by inflammation, yet there is no extravasation of coagulable lymph, no new covering or cyst surrounding the concrete matter, like pus in an abscess; a circumstance which distinctly proves that the inflammation is not of a phlegmonous character, and that the non-absorption of the deposit is to be ascribed to physical causes.

Gouty tophus is not confined to man; it occurs also, though more rarely, in animals, when placed in a similar condition; that is, when fed for a length of time upon a highly azotised diet. Aldrovandi, an author of considerable repute in the seventeenth century, accurately details its effects on birds of prey, especially hawks:—"Quæ quidem nihil aliud est quam tumor durus, acgypso similis, circa digitorum articulos, estque malum maximi in rapacibus momenti. Impedit enim quo minus prædam captare possint, et incurabile plerumque est, quicquid dicant alii."‡

Gout stones sometimes attain a very great size. Otto mentions his having seen them larger than a walnut.‖ Hence they become the source of more or less deformity, inconvenience and pain. They interfere with the motion

* Compte Rondu sur les Travaux Anatomiques.—Strasb. 1824.
† Pathological Anatomy, by South, p. 238.
‡ Ornithologia, vol. i., p. 456.
‖ Lib. Cit.

of tendons and joints, in some instances giving rise to spontaneous dislocation, in others to complete anchylosis. When bulky, they press and distend the surrounding parts, and not unfrequently produce ulceration of the integuments. Several cases have come within my knowledge of persons in whom this morbid formation went on unceasingly during a series of years, so as to cripple them in every joint, and wholly unfit them for the duties of their calling.

Since one part of urate of soda requires about 4000 parts of water to dissolve it, it may be reasonably assumed that the refractory nature of the above deposits is due to their very sparing solubility in the fluids with which they come in contact. It, therefore, occurred to me, as a consequence deduced from some researches into the composition of the renal secretion in certain of the lower animals, that some means might be devised to enable us, through the medium of the circulation, so to modify that secretion in man as to supersede for a time the urates altogether.

The granivorous animals, as the horse and cow, secrete from the kidneys a peculiar acid (the hippuric). It is present in their urine combined with soda. Now, the hippurate of soda, which may be considered the analogue of the basis of gout-stones, in an exceedingly soluble salt, (requiring only two parts of water at 60 degrees F. to dissolve one,) as are likewise the hippurates of potash, of ammonia, and of lime. Hence, it appeared probable, that were we to adopt such therapeutic measures as would determine the human kidney to secrete this acid instead of the uric, we should thereby, in all likelihood, control and prevent the deposition in question.

I ascertained, in the course of last summer, by repeated experiments, made first of all upon myself, and afterwards upon individuals labouring under gout, that the above substitution could be perfectly accomplished, without the slightest risk of affecting the general health, or of irritating the urinary organs. The substance employed for this purpose was the benzoic acid. If an hour after a meal, a scruple of this acid be taken into the stomach, in the course of a couple of hours subsequently the urine voided, amounting to five or six ounces, will be found on adding a small quantity of muriatic acid to yield a copious precipitate of beautiful rose-pink acicular crystals, which weigh after being allowed to settle for a day about fifteen grains. This quantity is by atomic computation, equivalent to little more than one-half of the benzoic acid expended, so that the remainder must have made its escape by some other emunctory, probably the skin.

The above crystals, when examined by the microscope, display the characteristic form of the hippuric acid, namely, a four-sided prism with a dihedral summit.*

It may be observed that no trace whatever of uric acid, or of any of its salts, or of benzoic acid, could be discovered in the above urine.

A nearly analogous result is obtained when benzoate of ammonia or of potash is administered; and under particular circumstances the exhibition of one or other will be found preferable to the simple acid; either in the neutral state, or with an excess of base, when there is a disposition to adescence in the *primæ viæ;* apportioning the dose in every instance to the condition of the urinary secretion, previously ascertained by analysis.

By this singular interchange of elements, capable of being effected only by the aid of vital chemistry, we have an organic acid containing eight atoms of azote, and ten of carbon, replaced by one containing no less than eighteen of carbon, and only two of azote, and that even in what various eminent pathologists regard as a highly azotised state of the system.

It is obvious that this new plan of treatment, and which does not interfere with other remedial means, must be steadily persevered in for a considerable length of time, ere any adequate benefit can ensue. How far it may be applicable to various forms of calculous disease connected with the gouty diathesis, remains for future investigation to decide. Most unequivocal proofs have already been afforded me, of its efficacy in correcting and removing certain disordered states of the urine in individuals prone to attacks of gravel.

* Benzoic acid crystallizes in hexagonal needles, or in pearly scales, and dissolves in two parts of sulphuric ether, whereas hippuric acid is but very sparingly soluble in that menstruum.

NEW REGULATIONS CONNECTED WITH THE ROYAL COLLEGE OF SURGEONS.

The museum is open to the members of the College, and to the trustees of the Hunterian Collection, and to visitors introduced by them personally, or by written orders, stating their names, which orders are not transferable, on the public days, which are Mondays, Tuesdays, Wednesdays, and Thursdays, from 12 to 4 o'clock, except during the month of September, when the museum is closed.

The museum is open on public days to all fellows and licentiates of the Royal College of Physicians in London, to peers and members of Parliament, to the great officers of State and of the Royal Household, and their immediate deputies, to all the dignitaries of the church and of the law, to all general and flag officers, to the members of all the learned and scientific bodies in the United Kingdom, to the members of all public boards, and to persons introduced personally by them respectively, and to all respectable foreigners, and to the articled students of the College, on entering their names and ranks or stations in the book provided for that purpose.

Lastly, the secretary and conservators will exercise their judgment in giving admission to any respectably dressed persons who may apply for it.

The museum will be open on Fridays to gentlemen desirous of studying in it from 12 to 4 in winter, and from 12 to 5 in summer, on their making a written application to the president or museum committee.

The senior conservator, Mr. Clift, will attend every day on the visitors and students; and both the conservators, Messrs. Clift and Owen, on Saturdays from 10 to 1, on which day visitors and students desirous of comparing specimens with those in the museum, or of having specimens examined, or of gaining other information, are requested to present themselves.

N.B. The parts of the catalogue of the collection already printed are to be purchased at the museum at cost price.

The library is open daily, Sundays excepted, to members and articled students of the College, from 10 until 4 o'clock, from the 1st of October to the 1st April; and from the 1st of April to the 1st of September, from 10 until 5½ o'clock.

Members have the privilege of personally introducing a visitor.

Persons not members desirous of admission, must make application in writing to the president or library committee, specifying their Christian and surnames, rank or profession, and residence.

Tickets of admission are granted for six months, at the expiration of which time application must be made for their renewal.

THE ADVANTAGES OF VENTILATION.—"The plague in 1636 began with great violence, but leave being given, by the king's authority, for people to quit their houses, it was observed that not one in twenty of the well persons removed fell sick, nor one in ten of the sick died."—*Mead's Discourse on Pestilential Contagion.*

CASE OF DISLOCATION OF THE HEAD OF THE THIGH BONE, BACKWARDS OR INTO THE ISCHIATIC NOTCH.

By F. W. PITTOCK, Esq., M.R.C.S., &c. Sellinge.

GEORGE SOLE, ætat. 55, a short spare man, labourer, in the employ of Mr. Marchant, of Otterpool, in the parish of Lympne, met with the above accident by a fall from a horse, on Thursday, October 7th. After his removal home, and three hours from the time of the accident happening, he was examined by Mr. Fagg, Mr. Le Gros, and myself: with but little difficulty, we came to the conclusion, that the case was one of dislocation of the head of the thigh bone, backwards, the distinguishing signs being as follows: the hip of the left side was flattened, the trochanter major could not be felt in its natural position, but fully an inch posterior to that, and slightly upwards. On rotating the limb, which was done with great difficulty, the head of the bone, although very indistinctly, could be just felt in the situation of the ischiatic notch; the knee was very much inverted and a little flexed; the limb shorter by an inch than the opposite, and the toes resting on the upper surface of the ball of the great toe of the right foot. Every attempt at rotation caused severe pain, the head of the bone appearing as it were locked. After we had placed the patient on a table, and adjusted the pulleys, we gave him tartar emetic, which soon producing its effect, we commenced the extension, and gradually kept it up for an hour and a half, with the assistance of the towel, when, failing in reduction, we determined upon allowing some days to intervene before we made a second trial. Keeping the patient in bed on low diet; no unfavourable symptoms occurred, and the case became more plainly marked than before, for the muscles were so relaxed that the brim of the acetabulum could be defined, and the head of the bone distinctly felt in the situation of the ischiatic notch; nine days having now elapsed, I requested the assistance of my friends, Mr. Fagg, Mr. Le Gros, and Mr. Tyson. We placed the patient in a warm bath, and allowed him to remain there until he was faint; when, removing him to the table, and administering the tartar emetic, I adjusted the pulleys, and gave them in charge to Mr. Le Gros: extension was now gradually kept up for twenty-five minutes, when, with my hand placed over the trochanter, I could feel it advance, and the head of the bone following, appeared to be jerked into the acetabulum. Upon relaxing extension, both legs were found to be of the same length.

Remarks.—The accident in this case occurred from the man's sitting sideways on his master's horse, and been suddenly thrown upon the hip of the right side, the left knee at the same time coming in contact with the ground: a snap was immediately felt by Sole, who supposed his thigh was fractured. The dislocation backwards is commonly described as being detected with difficulty; in this case, a slight muscular frame and deficient in obesity, facilitated our examination, and enabled us to ascertain with certainty the nature of the accident; from first to last, the limb altered not in position; the inversion of the limb was very great, much more so than is given either in the description or the figure in Sir Astley's work, the patella of the left knee facing the inner side of the right leg. When we accomplished the reduction of the dislocation, our line of extension was the upper third of the sound thigh, and considerably upwards, the patient lying on his right side. The distance between the two fixed points was ten feet; one of the staples being a foot, the other six feet from the ground. The body of the patient was considerably bent, in order to secure the pelvis more effectually; and the belt was so

adjusted as to be below the anterior superior spinous process of the ilium. A case of the same kind occurred in this neighbourhood about nine years ago, which my friend, Mr. Fagg, attended in consultation: the first attempt at reduction failing; the second, at the termination of ten days, was successful.

ON THE OPERATION FOR SQUINTING.

By Mr. A. URE, of London.

[See Report of the Tenth Meeting of the British Association for the Advancement of Science, p. 163.]

As a diversity of opinion prevails among surgeons as to the ultimate success of Professor Dieffenbach's operation for the cure of strabismus, Mr. Ure was induced to lay before the meeting the result of seventy-two cases (thirty-two males and forty females), in which the section of one or other of the muscles of the eye had been performed by himself. These were drawn up in a tabular form, including age, duration of the infirmity, cause, eye affected (right, twenty-nine; left, thirty-seven; both six); state of vision before operation; state of vision after; colours of iris (hazel, twenty-eight; grey, thirty-one; greyish blue, two; blue, ten), and result—(cures, sixty-six; of which nineteen are "perfect," and twenty-one have fulness or other slight affection). In six cases the result was "amendment." The author described his process and after-treatment. They are as follows:—

The patient being seated in a chair facing the light, having the sound eye darkened by means of a bandage, an assistant at his back elevates the upper eyelid, while the lower eyelid is kept gently depressed by the help of the spring-speculum. The surgeon now takes hold of the conjunctiva close to the semilunar fold with a pair of delicate eye-forceps (uniting with a mortice and tenon), and having moved the eye slightly towards him, divides the membrane with a pair of small scissors, curved on the flat and rather blunt at the points. This done, he immediately proceeds to cut across the extremity of the muscle, which is promptly accomplished by two or three snips; the concave surface of the scissors being directed towards the convexity of the eye-ball. Should any minute fibres remain undivided, it will be proper to pass a blunt hook beneath, and detach them with the scissors. In this way the operation may be generally completed within a minute. It is advisable that the opening in the conjunctiva be of moderate size, and that there be no excessive separation of the connecting cellular texture, otherwise an unsightly prominence of eye may ensue. By the above procedure we avoid laceration of the conjunctiva, and undue traction or straining of the muscle, as likewise any risk of injuring the sclerotic coat, the lachrymal sac, or the palpebræ—accidents which have happened to other surgeons from the incautious employment of bistouries, and various sharp-pointed instruments.

The only after-treatment required, is bathing the eye occasionally during the day, and applying a bread and water poultice at night. Should a caruncle make its appearance after a few days in the site of the incision, it ought to be removed by a snip of the scissors. It deserves notice that the patient is seldom prevented from pursuing his ordinary avocations beyond a few hours. The old-fashioned practice of directing the patient to put his feet in hot water, and take some opening medicine on the night of the operation, is not to be neglected.

LOCAL INFLUENCE ON PHYSICAL CAPACITY.—We have an interesting exemplification of local influences on the bodily faculties of the lower animals, in the instance mentioned by Lyell. Some English miners, who were sent by various mining companies to the mines in Mexico, took with them several greyhounds, for the purpose of coursing hares, which are abundant on the Mexican mountains; the dogs were deficient in strength and speed for taking their game in those elevated regions, several thousand feet above the level of the sea, with an atmospheric pressure very considerably diminished, and so different from that to which they had been accustomed; but their offspring bred in these regions, acquired chests and powers of respiration which enabled them to chase their prey with entire success.—*Chowne.*

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths from all causes, registered in the week ending Saturday, the 23th October, 1841:—

Epidemic, endemic, and contagious diseases	163
Diseases of the brain, nerves, and senses	112
Diseases of the lungs, and other organs of respiration	235
Diseases of the heart and blood-vessels	20
Diseases of the stomach, liver, and other organs of digestion	70
Diseases of the kidneys, &c.	3
Childbed, diseases of the uterus, &c.	9
Diseases of the joints, bones, and muscles	4
Diseases of the skin, &c.	0
Diseases of uncertain seat	97
Old age, or natural decay	42
Deaths by violence, privation, or intemperance	19
Causes not specified	1
Deaths from all causes	775

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CLINICAL LECTURES ON DISEASES OF THE BREAST IN FEMALES.

Delivered at the Hospital of La Charité, by Professor VELPEAU.

Lecture I.*

The breast in females is subject to a number of different diseases. Besides those common to other organs, there are some peculiar to it alone, all of which are easily accounted for, if we consider the character of its texture and functions. It is not my intention to spend time in the consideration of all these affections. I shall confine myself to presenting before you a tableau of those which, according to my conviction, have as yet received from the faculty anything but a satisfactory investigation.

I break down the diseases of the female breast into two divisions. The first will contain inflammation and abscess; the second, the different kinds of tumours and sufferings. For the present I shall limit myself to lectures on the first, and when I have exhausted that part of the subject, I shall treat of amputation of the breast, and of the application of bandages.

INFLAMMATION OF THE BREAST.

Under inflammations of the female breast are included, whether occurring primitively or secondarily, excoriations, chaps, and eczematous or porriginous affections of the nipple and its areola, the different species of erysipelas, and all the varieties of phlegmon and tumefactions.

1st. *Excoriations of the Nipple.* — Many nurses suckling for the first time are affected, during the earlier weeks, with a ramollissement of the nipple, accompanied with more or less sensibility. It is not even uncommon to see the surface of this organ, from constant soaking in the milk, and the sucking of the infant, so softened as to excoriate, or become the seat of a slight inflammation. Sometimes, also, the root of the nipple is isolated, as it were strangulated, and becomes more particularly the seat of excoriations, or of an ulcerous affection resulting from them. You will meet with this malady more especially in young women of a lymphatic or nervous constitution, in whom the skin is fine and delicate. It is moreover favoured by too frequent suctions, by want of cleanliness, and by a bad conformation of the nipple. It will always be easy for you to recognise it, by the pain caused by suckling, by the sensibility and irritation of which the female complains, by the appearance of the organ, which is red, granulous, moist, excoriated, and fungous, and also by a slight sanguineous exudation, which the suckling of the child easily gives rise to.

Although this morbid condition may be of no great consequence in itself, yet it is always of importance to apply a remedy. The determinative cause of the evil is evidently the suckling of the infant; it is, therefore, especially necessary to give the breast to the child only at remote intervals, and care should be taken to cover this organ with soft and well-dried linen; but these precautions are not always sufficient. I have, then, often employed, with complete success, simple lotions of salt-water, of undiluted wine, or even of brandy; I am convinced that at the commencement of the disease these remedies are rarely unsuccessful. Yet there are cases in which these means are insufficient; we must then frequently in the day apply to the part affected a lotion of Goulard water, or else a mixture of equal parts of oil and red wine, if there is acute pain, or one of oil and lime-water, if an astringent seems to be called for. In such cases Sir A. Cooper has strongly recommended the following application: borax, one drachm; alcohol, half an ounce; water, three ounces.

When the above remedies, and some others, as le pommade de concombre, simple cerate, &c., are insufficient, I have found nothing better than a mild solution of nitrate of silver, or sulphate of zinc, applied to the part as a lotion. Applications of white precipitate ointment are also very useful. I ought, however, to forewarn you that most of the remedies spoken of may produce some unpleasant effects if allowed to remain in any quantity on the nipple, when the child is put to it; consequently, in such cases, a well-fitted artificial nipple should be used. By treating it in this way, with the simple aid of cleanliness, or of one of the topical applications above pointed out, the malady may generally be got rid of in a few days. Lotions of salt-water, therefore, of wine, and even of brandy, as preventive means; lotions of Goulard water, of oil and red wine, of oil and lime-water, of styptic solutions, anointings with emollient pommades, or white precipitate ointment, as curative means; the employment of a well-made artificial nipple. Such, gentlemen, are the resources which experience has sanctioned, against excoriations of the nipple.

2d. *Chaps of the Nipple and of its Areola.*— The excoriations of which I have spoken, often give place to cracks or chaps, which deserve your particular attention. Although the most common seat of these lesions be the nipple, and especially the groove which separates it from the breast properly so called, still we now and then find them upon different points of the areola. Drawn and enlarged by each attempt at suction, these cracks progressively increase, and occasion such excessive pains as to cause the most courageous women, the most devoted mothers, to shriek out in anguish. These chaps are sometimes so deep, that at each attempt at suckling the blood flows out in abundance. I have seen in some the groove of the nipple hollowed out more and more, till it appeared as if this projecting body would fall off. I was consulted in a case of this kind, in the month of March, 1838.

Besides the pain caused by them, these cracks have also the great inconvenience of disturbing the secretion of milk, of sometimes rendering lactation altogether impossible, and of giving rise to inflammation of the breast. Hence surgeons ought to employ all rational means to prevent or to combat the malady in its early stage. The therapeutics are the same in these cases as those pointed out for excoriations. Yet this is a disease so disagreeable and so insupportable, that some surgeons have not feared to attack it by the most active means. Thus, some have advised lotions of a solution of sublimate, or else of calomel suspended in mallow-water. I own that I have sometimes employed this latter application, and that I have found it useful; nevertheless it should be tried in these cases with caution; but the sublimate is so dangerous as regards the infant, that I do not hesitate to proscribe it in the most absolute manner. It would be better, then, to touch carefully the whole extent of the cracks with nitrate of silver, once or oftener, at the interval of some days, than thus to leave deadly poisons on the surface of the nipple.

Such, gentlemen, is the treatment that I adopt, when the ordinary remedies that I have spoken of do not suffice, for the cure of the excoriations. Let me just say, in finishing this part of the subject, that the use of artificial teats is still more important in these cases than where there are simple excoriations.

3rdly.—*Scabby Degeneration.*—The nipple is sometimes covered with a squamous affection, occupying a medium between chronic eczema and psoriasis. I have on two occasions met with it in ladies who had for some time ceased suckling. The scabs which covered the organ were of a greenish grey colour in one case, of a yellowish grey in the other, rather thick, inclined to crack, and adherent. As soon as an attempt was made to detach them, one might see a rather abundant sanguineous exudation arise on the little sores. Most frequently the malady is attended by a more or less insupportable itching, which compels the patients to scratch themselves and so feed the malady; I should, however, add that it is commonly destitute of inflammatory symptoms, properly so called. This affection appears generally to arise from the repeated friction of the bosom against the chemise or the stays. The best application that I know of in such cases, is the white precipitate ointment; but when the disease is of long standing, all the resources of art are sometimes powerless, and the patient is obliged to have the affected nipple removed. This happened in one of the cases that I saw; in the other I performed a perfect cure by means of the white precipitate ointment.

4thly. *Eczema.*—I have often seen a well-marked impetiginous or porriginous eczema, ot only on the nipple and its areola, but also over nearly the whole extent of the breast. In one lady, the parent of a distinguished dentist in Paris, the skin was red, thickened, and indurated; and she suffered such acute lanciting pains, that some persons believed in the existence of a cancerous affection. But all these symptoms disappeared under an appropriate treatment. Still I must say that this is not often the case; most frequently there is only a simple eczema, perhaps a syphilitic eczema, or else a pitziriasis appearing on the areola of the nipple, like a large scabby or

* We shall give the third Lecture of Chomel next week, and continue giving one from each of these celebrated Lectures alternately, till the whole valuable course be finished.

scaly disk, of a yellowish, greyish, or copper colour.

This cutaneous affection of the breast requires the same general treatment as when it appears on other regions of the body. I will not stop on this point; I am convinced that general baths and anointing the part affected with an ointment composed of half a drachm or a drachm of white precipitate to an ounce of lard, form the best medical treatment. A remarkable case of this kind presented itself lately in our Hospital (St. Catherine's Ward, No. 19), and you have seen that, in less than fifteen days, we have overcome the affection, which, according to the patient, had lasted many months. It is scarcely necessary to add, that if the disease arises from a syphilitic affection, it is to this that we must direct our remedies.

5thly. *Erysipelas.*—The bosom is subject to every variety of erysipelas; but as this disease, when occurring on this region, offers no remarkable symptoms, I do not think it necessary to dwell on this subject. I shall merely say that it is often complicated with diffuse phlegmon. Moreover, I have seen, but only on one occasion, an inflammation presenting all the characters of erythema nodosum. In the woman, the subject of this observation, the left bosom was the seat of four subcutaneous enlargements, of which the one, offering the least appearance of fluctuation, became a true abscess, which, when opened, gave issue to a very large quantity of pus.

I just now said that erysipelas becomes easily complicated with diffuse phlegmon, an affection which you must not confound with the ordinary inflammations of the breast. Among other instances of this kind, the following deserves your attention :—

Obs. 1.—Towards the end of November, 1837, a young and robust woman, who was put to bed in St. Catherine's Ward, suffered some vague pains in the left bosom for some days after; the skin was red and shining. This organ was evidently the seat of simple erysipelas. By the use of the usual remedies, all symptoms of the affection disappeared in a few days; and the patient, believing herself cured, was about to quit the hospital, when suddenly, and without any appreciable cause, the original cutaneous affection showed itself again, and located itself on the inner side of the left nipple. In the space of a few days, this erysipelas took a phlegmonous form. The whole bosom became puffed up, presenting a similar appearance to that observed in like cases, in the scrotum, the eyelids, or in swelled lips. A large gangrenous surface was soon formed over the outer half of the gland, and the patient sunk some days after. At the autopsy, we found the lobules of the gland, and almost all parts of the adipose tissue, infiltrated with a watery pus. The subcutaneous cellular tissue was mostly in a state of mortification; but we did not meet with true purulent matter in any part.

This fact, and it is not the only one of the kind that I have observed, proves to you that you should guard against a like inflammation, when you see the whole of the breast become rapidly and considerably increased in size during the course of common erysipelas.

As soon as the disease declares itself, general and local abstractions of blood should be employed; but if it be not subdued by this treatment, however little progress it may have made, you must no longer temporize; have immediate recourse to numerous and deep incisions into the inflamed portions, or those which threaten to pass into the state of gangrenous suppuration. It is true that patients, especially the young, consent with difficulty to the mutilation, as it were, of their most delicate charms; but it is the duty of the surgeon to persuade them to overcome a repugnance, which, legitimate as it is, might bring with it the most grievous consequences.

Engorgements and Inflammations properly so called.—True inflammations of the bosom are so frequent in women, their consequences may be so varied, and in certain cases so serious, that it is necessary to study them with much more care, than has been hitherto given them. It is therefore of the greatest importance, in the first place, to distinguish well the tissue, which is the seat of the disease; it is from this knowledge not having been acquired, or having been neglected, that so little of the subject, which we are now going to consider, is still generally understood.

From numerous examples which I have seen, I have for a long time been in the habit of dividing these inflammations into several orders, according to the primitive seat of the disease. Observation shows, in fact, that according as the inflammation has its origin in the subcutaneous layer, or in the submammary cellular tissue, or in the gland itself, so is it far from showing the same symptoms, from following the same course, from presenting the same gravity, and from requiring the same treatment. Inflammations of the bosom ought then to be studied under these three principal gradations, if we wish to have an accurate idea of them. Each of these grades offers, moreover, two varieties, which it is important not to confound in practice. It is sufficient to say, that surgical anatomy, such as it is in our days, will serve us as our guide.

The following table shows the course which we shall pursue in this study.

1st. Superficial or subcutaneous inflammations.
- A. Of the adipose tissue.
- B. Of the areola and of the nipple.

2ndly. Deep-seated or submammary inflammations.
- A. Idiopathic.
- B. Symptomatic.

3rdly. Inflammations of the gland.
- A. Milky engorgements.
- B. True inflammation.

1st. *Superficial or subcutaneous inflammations.*—The adipose cellular layer interposed between the gland and the integuments is far from offering the same anatomical disposition upon all points of the mammary region. When examined from the outer side of the areola, this layer is of greater or less thickness in various parts, and presents all the characters of the general subcutaneous cellular tissue. Accordingly we shall see inflammations of this structure present the same phenomena as in other regions of the body. But it is different with respect to the nipple and its areola; the adipose cellular tissue around these parts diminishes in thickness, gradually losing its peculiar characters, and finally becomes intimately united internally with the gland, and externally with the skin. We may easily understand that such a disposition must exercise some influence over the inflammations arising in this part of the mammary region. We must therefore examine separately each of these two varieties of inflammation.

Inflammation of the adipose cellular tissue.—This first variety is, properly speaking, only a phlegmonous inflammation, of which it offers almost all the characters: still, from its close relation to the mammary gland, I think it my duty to enter into some details relating to it. Sometimes acute, sometimes chronic, sometimes diffuse, but most frequently circumscribed, this inflammation presents the following symptoms: when the inflammation extends, over a large surface, the integuments of the mammary region are tinged from the beginning with a redness more or less marked, the skin becomes hot and dry, a pricking and superficial pain is felt, which is increased on the slightest touch: swelling soon appears, and not unfrequently attains a considerable development, especially when the inflammation is intense. It is remarkable, that in these cases the nipple and its areola participate, but very little, or scarcely at all, in the tumefaction; they may be seen depressed, and forming a cavity more or less deep, according to the degree of swelling in the surrounding parts. This is particularly deserving especial notice, and is exceedingly useful in practice as a differential diagnostic in the various inflammations of the breast.

When the inflammation has acquired this degree of development, the organic structure becomes always more or less affected; fever and loss of appetite present themselves; the patient complains of a certain degree of headache; the tongue is white; and, in a word, we observe all the train of symptoms, forming a reaction more or less intense, induced by a phlegmonous inflammation in general.

Case 2nd.—In December, 1836, a remarkable case of this kind of inflammation occurred in the hospital. A young woman, 23 years of age, and married four years, was sent to us by a practitioner living in this city. She had had two children, whom she had suckled without experiencing the least derangement. She was again three months pregnant. On the 5th of December, without any appreciable cause, she experienced, in the left breast, a pain vague and dull at first, but which soon acquired a certain degree of intensity; the next day, her bosom became red, and of an unusual size. She confined herself to applying poultices, but finding that the disease increased every day, she decided on entering the hospital. The bosom at that time presented an intense redness, which disappeared under pressure. There was an enormous swelling throughout the whole mammary region, with the exception of the nipple and its areola, which seemed depressed, and formed in the midst of the tumour a cavity of nearly an inch in depth. This character sufficed to diagnosticate that the inflammation was superficial, and that the gland and submammary tissues were free from it. Such was really the case: some days after an abscess was formed; two long and rather deep incisions set free the matter, and in a fortnight the patient left the hospital perfectly cured.

Yet these cases are rare; most frequently, as I have already said, the inflammation is circumscribed; in these cases it appears under the form of one or more confined swellings of a greater or less size. Each of these tumours, moreover, offers all the characters of circumscribed phlegmon. In a woman, in whose case I was consulted, in February 1838, two tumours of this kind were observed, of the size of a hen's egg, occupying the inferior region of the left breast. They had, according to the patient, existed but three days, and were by her attributed to a blow which she had received on the bosom a week before.

In these cases, especially when the inflammation is very much circumscribed, there is little or no re-action, the organic structure being scarcely affected.

Inflammations of the adipose cellular layer of the bosom come in three principal ways—from without inwards, from within outwards, or from the first onset, in the subcutaneous layer itself. These are not minute and purely theoretical distinctions, as one might believe; attentive observation of diseases leaves no doubt on this point. We can understand, moreover, that the diagnosis of the disease will be evidently

influenced by the course which may be followed in the mode of its development.

In the first case, the subcutaneous inflammation is determined by some irritation of the skin, by the rubbing of the stays and the chemise, by a blister, by the punctures of leeches, &c., &c. One may conceive, indeed, that the irritation of the skin, being propagated in the subcutaneous layer, finds in it a tissue most favourable for its development. and is there established under the form of true inflammation. In this case, the gland is not implicated in the disease, and the prognosis most frequently presents nothing serious. Occurrences of this kind are very numerous; and it is for this reason that I consider it unnecessary to enter farther into details.

In the second case, it is far different; here the subcutaneous inflammation is almost always connected with a previous disease of the glandular tissue.* I say almost always, for we may conceive that rigorously it is possible that outward violence applied sharply to the bosom may give rise to inflammation of the subcutaneous cellular tissue, passing from the deep seated parts towards the surface. In the course of this year, you have had the opportunity of observing several cases of this kind under my care.

Lastly, inflammation sometimes developes itself primitively in the subcutaneous adipose cellular layer. In this case, it is caused sometimes by some action of exterior bodies; sometimes by an internal predisposition, which most frequently we are unable to demonstrate; or else, as we have previously said, it appears spontaneously.

Still it is necessary for you to know that, whatever may be the mode of development of the malady, its course is always nearly the same, and the characters which it presents to the attentive observer, are almost constantly those which I have pointed out. You may, moreover, distinguish it from erysipelas, by the swelling being seated between the gland and the skin and, likewise being fixed; the redness which accompanies it is regular, of a rose, violet, or brown colour; the pain and heat are dull and rather deep-seated; the skin does not present those patches of a yellowish red colour, terminating in an abrupt manner by a waving line, nor that sharp and burning pain which almost always accompanies erysipelas. You may, again, distinguish it from inflammation of the lymphatics, by the absence of red lines passing towards the neck or the arm-pit; from phlebitis, by the absence of those irregular shivering fits, and other symptoms of purulent infection; from diffuse phlegmon, by its circumscribed extent, by the little bumps which accompany it, and by the trifling degree of swelling to which it gives rise.

The most frequent terminations of this kind of inflammation are resolution and suppuration. Yet, after the disappearance of all inflammatory symptoms, there sometimes remains an induration continuing for a greater or less period, and which may even undergo some species of degeneration. But as we are here merely treating of inflammation of the breast, it is not my intention to occupy your time with cases of this kind.

The duration of this disease is necessarily variable, according to its intensity, its extent, and the constitution of the subjects attacked by it. Left to itself, it almost always terminates in suppuration. We shall consider the treatment of this state, when studying the nature of abscess. It now remains for us to examine the therapeutic means which the surgeon possesses for bringing about resolution.

Treatment.—Although the treatment of the inflammation, which we are now studying, be almost the same as that required by subcutaneous inflammations in general, I still think it necessary to enter somewhat into details.

We should especially overcome, as much as possible, the predisposing causes; therefore it is necessary to combat, by appropriate means, all irritation of the skin, to advise the patients to avoid all compression, and even friction on the affected region.

If the female is young and of a plethoric constitution, if the inflammation is intense, and reaction has taken place, we should commence by one or two bleedings at the arm. The application of leeches over the diseased region should be afterwards prescribed; after which the breast should be covered with a linseed meal poultice, which should be renewed twice or even three times a day, and might with advantage be sprinkled, according to the nature of the case, sometimes with laudanum, sometimes with extract of Goulard.

If the inflammation is not intense, if general reaction does not take place, or else if the patient is of a weak constitution, it is not necessary to have recourse to general bloodletting; leeches alone will then be sufficient. Fifteen to forty may be applied on the diseased region. Experience has convinced me that, in these cases, leeches are more advantageous when placed upon the part affected, than around the breast.

If this kind of treatment be contra-indicated by some special causes, or else if it does not produce the desired effect, we might then advantageously have recourse to free mercurial anointings, repeated two or three times a day. You have doubtless observed, in our wards, some inflammatory engorgements of the subcutaneous cellular tissue of the bosom, which had but partially yielded to general and local abstraction of blood, completely disappear in a very little time under these anointings. It is in these cases also that methodical compression frequently produces the most unhoped-for results. I cannot, therefore, too much engage the attention of practitioners towards the use of this means, especially when the inflammation has been partly overcome, and the disease is reduced tot he subacute state. You should, however, remember that it is difficult to maintain compression on the bosom, that it requires a great deal of nicety on the part of the surgeon, and that many patients are unable to endure it. At the end of these lectures, I shall make a few remarks to you upon the best manner of applying this compression.

I have often succeeded in dissipating a subcutaneous inflammation of the breast, by covering the whole of the affected region with a large flying blister; but I must freely acknowledge that this means does not always succeed, and that you ought only to have recourse to it, especially in general practice, when all other resources have failed.

Whatever local treatment you may adopt, the bosom should always be gently sustained by an appropriate bandage, and the patient should be directed to lie on the sound side. This is a precaution which appears to me of importance, particularly in those cases where the weight of the organ and the position of the disease, appear to favour the collection of the fluids in the inflamed region.

The local means spoken of are most certainly very advantageous; yet there are cases in which it is most useful to cause a certain revulsion towards the intestinal canal. If the inflammation is slight and arises from some external cause, we may limit ourselves to prescribing laxative lavements, and diluent or slightly bitter drinks; but if the inflammation is intense, and especially if it occurs after delivery, or in a nurse, we must use such purgatives as l'eau de pullna, castor oil, scammony, jalap or senna; calomel, the good effects of which have been latterly so much praised, especially in England, does not appear to me to deserve, in this species of inflammation, the reputation which has been given to it. The same seems to me to be the case with tartar emetic.

Such are the different therapeutic resources, by the aid of which we may hope to produce resolution of the subcutaneous inflammations of the breast. But let us not deceive ourselves on this point, for this is a termination far from constant; most frequently, on the contrary, suppuration is unavoidable, especially when the disease has not been attacked at its commencement. We cannot even expect resolution to take place, when inflammation has existed in a really acute state for five or six days. In these cases, it would be quite irrational to adopt a treatment tending to this point.

Inflammation of the nipple and of its areola.—The tissues composing the nipple and its areola are so close and so intimately united to the gland, that one can scarcely conceive them to be the seat of a purely subcutaneous inflammation, independent of an affection of the gland itself. Still it is not uncommon to see inflammations arise on this region, characterised by a livid redness, by circumscribed and lancinating pain, and by a protuberance, more or less marked, of the nipple and its areola, giving to the bosom a conical form. It is particularly among nurses and those newly confined, that we observe this kind of inflammation, arising from exulcerations, from chaps, or any other irritation of the integuments; it is often also caused by the suckling of the infant. It is so slight an affection, that women cure themselves without having recourse to medical men, so that we seldom see an instance of it in the hospitals. I, however, showed a remarkable case of this kind in June, 1837.

Case 4th.—A young nurse came under our care, complaining of sharp pains in the nipple of the left breast; she stated that she had suffered under it for five days. There was no excoriation of the skin, but it was of a redness almost approaching lividity. A considerable swelling existed throughout the whole of the areola; the nipple was double its natural size. The patient being unwilling to enter the hospital, I ordered her to discontinue suckling; I also prescribed the application of six leeches and the employment of poultices. Two days after, she returned for our advice; the tumour had become converted into an abscess; and the matter had made its way out through five small openings in the skin. Poultices were again applied. We have not since seen this patient, but from the promise which she made to return, we are led to believe that it was radically cured.

This variety of inflammation has this peculiarity, that it proceeds very rapidly towards resolution if we overcome the determinative causes or if properly treated from the be-

* The following fact, which I observed, in 1836, at the Hotel-Dieu, when M. Bridal (de cassis) acted *pro tempore* for M. Breschet, shows clearly that superficial inflammations of the bosom may result from a previous inflammation of the gland.—Case 3rd. A young nurse, 22 years of age, had experienced for two weeks dull pains in the right breast. This organ had acquired a very considerable size. The skin was in a normal condition. M. Bridal pronounced it an engorgement of the bosom, which I have described more recently under the name of "milky engorgement," and he treated it by appropriate means. Some days after, on the inner and lower portion of the diseased breast we observed a red spot upon the skin. This part soon became the seat of a swelling, which was not long in forming an abscess; this was opened and quickly cicatrised. The dull pains in the breast still remained; the gland did not present any species of fluctuation. Another swelling, preceded by a red spot, similar to the former one, afterwards showed itself on the lower and outer part of the bosom. Fluctuation was soon discernable; a new incision was made, and the wound cicatrized with the same readiness as the preceding. From that time the engorgement of the gland grew softer and a cure was effected in a week.

ginning; also that it may terminate in a few days, in small collections of matter, of an irregular form, and which very rapidly undermine the skin.

Treatment.—To wean the child, if the mother is suckling, is the first condition to fulfil in the treatment of this affection. If the inflammation is intense, the woman of a strong constitution, and there exists a certain degree of reaction, blood should be taken from the arm; leeches and poultices should also be applied over the seat of the disease. It is also of advantage to use some intestinal derivatives. But in ordinary cases, leeches and linseed-meal poultices suffice for promptly bringing about resolution.

In the next lecture we shall treat of the submammary, or deep-seated inflammations of the breast; and of inflammations of the mammary gland itself; giving also the most judicious treatment to be adopted in these affections.

SERIES OF CLINICAL LECTURES.

By DR. HAMILTON ROE.

LECTURE II.—GANGRENE OF THE LUNG.

GENTLEMEN,—You have here an interesting specimen of gangrene of the lung, a disease which is very rare; the characteristic symptoms was the extreme fœtor of breath, fœtid expectoration, and fœtid intestinal evacuations; there was no distinct difficulty of breathing; the history of the case does not show anything of striking character.

Whenever a part is about to mortify, the surrounding tissue becomes infiltrated with serum; the vascularity of a part disposes it to inflammation, and consequently to gangrene. Hence, cellular and mucous tissues are much more liable to it, than fibrous and serous structures. The dead part remains separated from the living by a line; a slough forms and is thrown off, the part then goes on to granulate, and new substance supplies its place.

We will now consider the case before us.—Charles Mackenzie, aged 55, was admitted 19th Oct. 1841. Has a very extraordinary appearance; the whole of the chest, abdomen, outside of the legs and thighs being covered with a profuse quantity of black hair: he had formerly been a soldier, but latterly had been living as a hermit under the ground. Six weeks previously to admission, he expectorated a quantity of red frothy blood, and subsequently experienced considerable pain in the side, sharp and acute in its character, accompanied with cough and expectoration; he says his father died of some chest affection. On admission he presented most of the symptoms of advanced phthisis, except the night sweats; he had a deep troublesome cough both night and day, with expectoration of a great quantity of dirty green thick mucus, tenacious and frothy, with an odour sufficiently offensive to pervade the whole ward, and giving the same disagreeable fœtor to his breath; thin and emaciated; cheek bones prominent; respirations nearly natural; pulse 80, feeble; skin dry and harsh; sleeps badly; bowels regular; passes urine freely.

Thorax.—Posterior parts not examined.

Anteriorly there appeared dulness, beneath both clavicles, with some coarseness of respiration; nothing else here appeared evident: ordered—

Pil. Expect. j, ter die.

23rd. Cough not so violent, expectorations less but equally offensive; sleeps better; to diminish the fœtor—

Sodæ Chlorid. ℥ss
Inf. Casearillæ. ℥viijss
℥j ter die.
Emp. Lyttæ. inf. clavic. amb.

25th. Blisters very slightly risen; no improvement; very low.

Wine ℥iij.

31st. Much lower, pulse exceedingly feeble, expectoration less: he gradually sank and died the following morning.

Remarks.—Six weeks before admission he complained of pain, but on admission the pain had ceased; now gangrene had taken place, therefore no pain was experienced, but before it had become gangrene, the pain was great. It in no way differs from gangrene in any other part of the body; now if this could be thrown, it would most probably be regenerated. Laennec named this circumscribed gangrene of the lung—in this man, there is no signs of tubercles, and the larynx is quite free from disease.

Treatment.—The fact is, when gangrene has taken place, inflammation does not go on. Now, knowing the effect of absorption of putrescent matter upon the system, I wonder that the man was not much lower; we were obliged to support him by every possible means to bear up against it, and this is what you must always do.

When you observe blueness of the lips, &c., and the alæ of the nose dilated, you may be certain that the blood does not undergo a healthy change; but in this man, very little blueness was observed; he died from the depressing state of the disease.

The next subject we shall consider, gentlemen, will be delirium tremens.

DELIRIUM TREMENS.

Henry Simpson, aged 40, was admitted October 18, 1841, is by trade a coachmaker, of intemperate habits, and accustomed to take drachms daily. It appears, about fourteen days before admission, fearing he was affected with syphilis, he consulted a "druggist," who gave him some "mercurial pills," and desired him to leave off all stimulants, which he did at once; the consequence was, in a few days the appearance of the following symptoms, and for which he was taken into the hospital. The face pale, with anxious and humid expression, eyes dully glazed and lustreless, skin clammy, sticky, and cool, with peculiar odour perspirated; tongue covered with white, soft creamy mucus, and moist; bowels open, pulse soft, small, and frequent, great debility, with tremor of the whole body and twitchings of the tendons, continual restlessness and irritability, cannot get any sleep, sits up in bed moving his hands about, fancying the most fearful and loathsome objects continually present about to torture him; no pain in the head, keeps up an incessant talking, and is kept in bed with difficulty.

Mec. Morphia, hora somni
Beef tea.

20th.—Much better; the restlessness and tremor still exists; pulse less frequent; slept well last night, not so disturbed with horrid visions; great thirst; has taken only aperients and mist. acid. hydrocyan. ℥j, ter die.

26th.—Not near so well; much more irritability and restlessness; pulse more frequent; retained in bed with great difficulty.

Tinct. Opii, ℥ss., ex aquæ statim.

At night the restlessness became increased, with twitchings of the tendons.

Sol. Morph. Mec. m. xv.
Sp. Æther. Sulph. m. xv., ft. haust.,
3tio horis sumend. mitte iij.

27th.—Had no sleep in the night, very restless, great pain in the head; pulse wavering and feeble; very violent in the night.

Lotio. Æther., caput.
Conin. gr. v.
Opii. gr. vj., ft. pil. statim sumend.

In the evening, no effect following the pill, was ordered

Opii. gr. ij

28th.—Has slept well, and feels rather better, which he continued to do, apparently convalescing; able to sleep without opium, and having less restless irritability, until 1st of November, when he appeared to be sinking; stimulants, &c., were administered to no purpose; he became slightly comatose, and died the following morning.

Post-mortem Examination.—Appearances, 30 hours after death, showed pale and fleshy state of the brain; the arachnoid and pia mater injected of a pale pink colour; the ventricles distended on both sides with clear straw-coloured serum; fluid of the character was found at the base of the brain to some extent. The internal parts of the ventricles very pale.

Remarks.—The curious thing is, that a man leaving off stimuli suddenly is not attacked at once. Mr. Guthrie had a patient who, in a drunken fit, was run over by a cart, the wheel lacerating the bend of the arm; erysipelas supervened and after its disappearance the delirium tremens attacked him. Stimuli suddenly left off produces a lowness of system, pallid face, trembling tongue, constipation of the bowels, and general gastric derangement, with inability to constitute a voluntary action properly—is a state in my opinion which occurs in all forms of disease.

Treatment.—Solid opium is, in my opinion, a better remedy than any preparation of it. I had a patient, who had disease of the urinary organs; she was always asleep if she was inactive a single minute; I gave her opium, she got well.—When you give a man, with delirium tremens, a dose of opium, he generally awakes rational, but this man was always incoherent; this made me suspect that he had some organic disease of the brain, as serous apoplexy. Now I have seen a much greater mortality from obstruction of blood than any other remedy, if you give opium they invariably recover; if you had a patient whose pulse was full and clearness of eyes, not plethora, you would give opium.

The brain had a quantity of serous fluid; the choroid plexus blanched and serous, effusion between the pia mater and arachnoid membrane. I have seen a person with more effusion, and yet not die from that cause.

CORRESPONDENCE.

To the Editor of the 'Medical Times.

SIR,—I am extremely gratified to see by your last Number that justice has been dealt out to the "*man*" who gets his livelihood by the 'Lancet.' Convicted long—you have morally guillotined him. To give you one proof more of the "dirty" falsehoods of this "mercenary speculator," as you properly call him,—in his last week's number he invented a letter from a Druggist, indirectly giving him the highest, and of course, undeserved praises; the evident absurdity of which detects the cheat. And with it the poverty of the inventor. Considering it, Sir, the most vulgar and ungentlemanly of the weekly press, not excepting that vile radical print the 'Dispatch,' I have procured its discontinuance at the reading-room I frequent, and recommend the same plan to all who seek the respectability of the profession.—With great respect, and sincere admiration of your bold spirit,

UN NOUVEL ABONNE.

Bath, November 7, 1841.

[We thank our Correspondent for his favourable opinion, and still more for the manliness he shows in allowing us to give his name if required. We wish our friend had avoided so strong a proof of his political opinions; for ourselves, we have no politics, save the good of the profession. We agree in the opinion of the palpable absurdity of the Druggist's letter: the idea of making him say, "I am not capable of answering your arguments, but I can feel indignant at your charges," is absurd in the extreme. We honestly believe that the 'Lancet' has had much to do in "blackguardizing" the Profession—to make a word, and in giving a low opinion of it in society.—ED.]

POOR-LAW COMMISSIONERS' REPORT ON THE MEDICAL CHARITIES OF IRELAND.

"BUT the commissioners have made one notable discovery which had escaped all former inquirers and reporters on this subject, namely, that all these medical establishments should be handed over to the Poor Law Commissioners. We have never objected to the appointment of a public board or body for exercising a general control over the medical charities of this country, and we believe that the public generally and the medical profession are anxious for such control and supervision, but we distinctly charge the reporter of the commissioners with want of candour, with a palpable *suppressio veri* when he announces it as the 'wish of the com-

missioners that the local boards for managing the medical charities, should be under the control and inspection of some superior board or authority,' without adding at the same time that this controlling power or authority should NOT be vested in the Poor Law Commissioners. We have learned the opinions of many of these local boards, and we do not hesitate to state that they were unanimous in deprecating the control of the Poor Law Commissioners, and we challenge the reporter to adduce the example of a single local board which coincided in the opinion of the reporter which 'is highly favourble to any legislation that would give the Poor Law Commissioners a controlling authority over the funds' of the medical charities. No —these boards have had too much experience in the capricious and arbitrary exercise of power which the Poor Law Commissioners have exhibited towards the Boards of Guardians; and although they do not object to the existence of this power, they do not choose to see it placed in such unsafe hands, and the reporter could have so declared if he were disposed to tell the *whole* truth. We were simple enough to imagine that the experience furnished by the utter failure of the Vaccination Extension Act in the hands of the Commissioners, would have taught these functionaries that they were ignorant of and unsuited to the management of medical affairs, and would have checked them in their arrogant attempts to seize on the medical charities; but they seem to pay but little attention to such lessons; perhaps they are not even aware that small-pox prevails at this moment to a frightful extent in many parts of this county, in Feacle, Tubber, Inagh, &c."

TO CORRESPONDENTS.

Some important articles have been unavoidably postponed to next week

A LAUGHER FROM YEAR TO YEAR *writes, "Be merciful, good sir—be merciful as you are powerful. Do not pray bemaul the "Minor" so savagely. If you must strike, strike a man of your own size. Thunder at the Thunderer; that's your man for your money. At all events, if you value a subscriber's happiness, don't kill outright the poor dear innocent babby that's come* green *out of the provinces. I've a vested interest in its life of a long horse-laugh weekly; and a corresponding amount of good fat on the ribs." The "laugher" is a merry wag, but we must cut him short, and come to a graver correspondent.*

Dr. T——A.—*To the first question—*"on no account. *To the second—we believe that the letters signed Anti-Pestilence in the "Times," are by the able writer of one or two valuable works on the Graveyards of London, which we have had occasion previously to refer to. The writer is not one of those wiseacres who, while denouncing these habitations of stealthy pestilence, can give up the whole case against them, by admitting that they have nothing to do with the "generation of fevers."*

QUIVIS.—*The following is the list of "Elects" our Correspondent inquires about. Those who know the profession, will see how it justifies our observations of last week. Mr. Wakley did not attend the Annual Meeting, though present, we observe, at the meeting of the "Mason's strike."* Officers of the British Medical Association—President, Geo. Webster, Esq., M.D., Vice-Presidents, A. B. Granville, Esq., M.D., F.R.S., Robert Davidson, Esq., M. Hall, Esq., M.D., F.R.S., J. Howell, W. Farr, Esqrs., J. R. Lynch, Esq., M.D.; Treasurer, E. Evans, Esq., Hon. Secretary, C. H. R. Harrison, Esq., Hon. Solicitor, David Davis, Esq., S. J. Bayfield, J. N. Bainbridge Charles Brady, G. S. Bristowe, John Bryant, Edward Crisp, Joseph Curtis, E. Doubleday, W. Eales, R. D. Grainger, M. W. Hilles, R. L. Hooper, Esqrs., G. Hull, Esq., M.D., W. Ifill, Esq., M.D., W. P. James, G. Pilcher, Samuel Pearce, W. Readle, S. Read, H. Smith, R. Stevens, T. Sweeny, T. Taylor, W. Tidy, M. F. Wagstaffe, Esqrs., T. T. Wakley, Esq., M.P., B. Wallace, Esq.

PAR CATO. H.M.T. *Examiner. Caustic, Yes, and no. A surgeon. Clio.*

AN OLD SUBSCRIBER, &c., *are thanked for their favours.*

Mr. S. H.'s *letter appeared, we see, some weeks ago.*

G. S. ST. GEORGE'S. *In our next, abridged.*

MESSRS. F. B's., W. T. *Stonehaven. Mr. J. H. Dr. F. Dublin. F. H., Esq., Merton. Dr. M'Largam, F. M. Y. and Messrs. W. W. K. Exeter. Mr. G. P. Ware, B. K. Catorge, Mr. J. P. Enfield. G. G. Tottenham. Mr. H. B. Hertford, safely received.*

Other subscribers not here, have received, it is hoped, our notes of acknowledgment, &c.

Mr. O. B. *The enclosure for the extra numbers escaped in the post. We would recommend a post-office order for any time that may seem good to our respected subscriber.*

MR. SCOFFERN'S *third lecture will appear in our next.*

THE MEDICAL TIMES.

SATURDAY, NOVEMBER 13, 1841.

——— abrotonum ægro
Non audet nisi qui didicit; quod medicorum est,
Promittunt medici.

HORACE.

WE publish this day a mournful illustration of the mischief of counter-practice. The facts are shortly these. A druggist, called Barnard, of Langport, in Somersetshire, was asked by Elizabeth Sandford for some syrup of rhubarb, (a pennyworth) for Mary Jeanes, a child of twelve days old—a remarkably fine child, we are assured by an experienced practitioner—and thought proper, unrequested, to mix with the syrup, as he expresses it, "one or two drops of luadanum"—an unhappy vagueness of term which sounds ominously of the real quantity. The administration of the liquid was speedily followed by coma, succeeded in a few more hours by death.

Now, with regard to the agency of laudanum in this unfortunate termination, it is rather singular that the moral evidence of its deadly effect was so directly apparent, that we have the mother of the child, and the respectable clergyman—who appears to have witnessed the whole transaction—instinctively and immediately coming to the conclusion subsequently, but too clearly established, by the evidence of Mr. Prankerd, and the minutes of the post-mortem examination. Of the jury we must speak with restraint: we are unwilling to give utterance to all the opinions that are afloat about them; and it must be strong evidence, indeed, that would induce us to believe that their verdict was influenced by any consideration, apart from their judgment, on the nature of the case. But we cannot refrain from saying, that whether their decision was an honest one or not, the less they are summoned on any future inquests, the more likely is it that the ends of justice will be answered. Barnard meddled with a life which the law distinctly forfended him to touch. There was no cause for his interference, for there was an abundance of regularly qualified men on the spot, and he must have known his own incapacity to give advice. In administering, therefore, the drug to the infant, he took the whole peril of mischance on his own head, and the jury must have entertained a singular notion of their duty when they decided that he should escape the consequences of his own act.

But if the jury have neglected its duty, as it undoubtedly has done, the necessity becomes more urgent that the Apothecaries' Society should move a step forward and perform theirs. By their action *versus* Greenhough, they did much to redeem the unpopularity they had acquired with the profession, and for which, we must own, they had given too many causes—and made a step forward in the march of duty which, while a matter of surprise to others, was a subject of pleasure for us. We now earnestly recommend them to continue the course they have so honourably commenced.

Barnard must not escape; the disgrace of such a failure of justice, in a case which so imperatively calls for punishment, would more than counterbalance all the eclat the Society won in that of Greenough. Druggists must be taught, by another striking lesson, that human life is a tenure too sacred to be held subject to their pretensions to medical skill, or chance hits, and that men who have devoted their time and fortune to the sole object of acquiring a competent knowledge of diseases, are not to be supplanted with impunity by tradesmen who, however respectable, have still to quote a friend, no more right to prescribe to a patient on account of the medical quality of their drugs, than dairymen on account of the medical qualities of their butter or milk.

A consideration which makes it, perhaps, the more necessary that Mr. Barnard should be immediately laid hold of, is, that notwithstanding the decision in Greenough's case, the druggists, in their journal, and through their counsel, still contend that it is part of their business to prescribe—*id est*, peril murder, as in this case of Barnard—and that the 28th section of the Act of 1815, despite the decision to the contrary, distinctly recognises such a right. The work must not be left half done. If the Society stop where they are, they have yet done nothing; they can only secure the fruits of the victory they won so gloriously, by winning another. As their next step, we earnestly recommend Mr. Barnard's case to their best attention.

Mr. Murchison, President of the Geological Society, has arrived in town from Russia, where he had been making a very extensive tour, the interesting results of which are shortly to be published.

NEFARIOUS PRACTICE OF A DRUGGIST, AND CONSEQUENT DEATH OF A CHILD.

THE following case is in every way so important to the medical profession, that we make no apology for giving the depositions, *verbatim*. We direct particular attention to the minutes of the *post-mortem* examination unanimously agreed to by thethree surgeons of thedistrict—to whose conduct in this distressing affair we feel much pleasure in giving the highest encomiums.

Information of Witnesses severally taken on Oath on the 1st *November*, 1841, *on the body of Mary Jeanes, an infant, aged* 12 *days, at an inquest held at Langport, Somersetshire, before R. P. Caines, Coroner.*

Sarah, wife of John Jeffery, sworn.—I live under the same roof as the parents of the deceased child, and was present at the birth. *It was a fine child of full growth for an infant.* Saw her most days after birth, and she appeared to be going on well till last Thursday, when the mother expressed some fear as to her doing well, and certainly the child did not appear to be so well, but not so much so as to cause any alarm in my mind, although she did not look so full as she had been previously. Don't recollect seeing the child on Friday. Saturday morning early, I heard the child cry a good deal. Between 8 and 9 the same morning, I saw Elizabeth Sandford dressing the child. and it was then very cross. I inquired the cause, and was told it was disordered in its bowels, and was not well. On the same afternoon, about 3 o'clock, I was called in and saw the child in the arms of Elizabeth Sandford, and I thought it in a dying state. It was convulsed. THE MOTHER WAS CRYING, AND SAID "THAT ROGUE HAS KILLED MY CHILD!" I said, "What rogue?" she said "Barnard," and she had a bottle in her hand, the contents of which she poured on the hob of the grate; she asked me to taste it; I put my finger to it, and I thought it tasted like rhubarb. I remained with the child the whole of the night, and the child died in my arms yesterday morning. I was present when Mr. Prankerd attended the child. Saturday night, about nine o'clock, I heard the directions given by Mr. Prankerd, as to the treatment of the child, and his directions were strictly attended to—but the child never rallied.

SARAH JEFFERY.

Elizabeth, wife of Samuel Sandford, labourer, sworn.—I live near the church, and was present at the birth of the deceased child, and remained with the child from the birth until she died. The child appeared to be going on well for some days (up to Thursday last.) it was then cross and not looking so well as she had done before; but nothing was given her, except the usual food given to infants, and the breast, and also with the exception of ½ a teaspoonful of Godfrey's cordial, which was given her, I think, about the third day after the child was born. She has much the same on Friday, taking the food and the breast, but still cross. On Saturday morning, it was much the same, but still took the breast and the usual feeding. At about six o'clock, Friday night, the brother of the child directed me to go to Mr. Barnard's for a penn'orth of syrup of rhubarb. I took a bottle with me and gave it to Mr. Barnard, the Druggist at Langport. I asked him for a penn'orth of syrup of rhubarb, and gave him the bottle, and he poured something into it, and then turned found AND PUT TWO DROPS FROM ANOTHER BOTTLE. He said IT WAS TWO DROPS OF LAUDANUM! I said I was to have syrup of rhubarb, and he said he put in that to ease the child's bowels. I had told him the child was bad in his bowels. At half-past two o'clock, Saturday morning, the child was restless and had not slept, and the mother poured out half a teaspoonful of the mixture I got from Barnard's, and gave it to the child, some of which the child swallowed, and some of it ran down the child's neck; after this the mother washed the child, and then put her into the cradle, when the child seemed "sleepy and drowsy," and it appeared as if asleep, and it was not examined till about two o'clock, when we discovered that she was stiff, and drawn all fours almost. We then sent for Mr. Henslowe, the clergyman, to give it a name. He came directly, and baptized the child by the name of Mary. The child continued getting worse, and about 8 o'clock that night, Mr. Prankerd was sent for, and he soon after came; I remained with the child until she died yesterday morning, about two o'clock.

✕ The mark of ELIZABETH SANDFORD.

Edward Perring Henslow, Clerk, sworn.—I am a near neighbour of the parents of the deceased; from the birth of the deceased child, Mrr. Henslow and myself have frequently visited the mother, and seen the infant, who appeared a remarkably fine healthy child. About three days after the birth, the mother informed me she had given the child some Godfrey's Cordial. I examined a bottle which she produced as having given it from, and then admonished her not to give her such, or any medicine without the advice of a Professional Gentleman, and in leaving the house, I told the nurse (Sandford) she was wrong to allow it, and that if the child should be taken ill she should send for me, and I would see that she should have what was necessary. Early on Saturday morning, amongst other sick persons, I visited the mother of the deceased child, and in reply to my questions she told me she was going on very well, although at that moment labouring under a headache; that the infant which I then perceived was lying on her knees was tolerable, but had been complaining, but that there was nothing particular the matter. About 2 o'clock I was informed that Nursey Jeanes wished to speak to me; I hesitated at first about going, but on being told the child was dying, I ran down, and was almost *instantly convinced the child was poisoned.* I was shown the bottle I now produce, and some liquid was also shown me on the hob, which I tasted, and to my taste it appeared to me to be laudanum. I afterwards advised that Mr. Prankerd should be sent for.

E. PERRING HENSLOWE.

John Prankerd, surgeon, sworn.—At about eight o'clock last Saturday, I was sent for to attend the child of Charles Jeanes, in this parish, and I did so almost immediately. I saw the child, and at once exclaimed that the child would die. I took the infant in my lap and examined it minutely, and found it in a state of coma. The pupil of the eye was very contracted, and the child was cold, and did not appear to breathe, except with convulsive gasps. I examined the feet and hands, which were cold; I then inquired into the particulars, how long the child had been convulsed and cold, and was informed for some time, gradually becoming worse in the afternoon. I applied mustard poultices to the feet, and opened a vein in the neck, the child having breathed in a stertorious manner whilst I held it in my lap; but only two or three drops of blood oozed out; I directed strong coffee should be given, as much as the child could swallow, and that some medicine which I should send should be given every five minutes, and that if the child vomited or became warm, that I should be sent for, but I left the child with the impression that the case would prove fatal; and the next morning (yesterday) I was informed the child was dead. I have not seen the child since the death until to-day. I have now examined it externally, and from its general appearance, and the evidence I have heard given by the several witnesses, *I think the child died from the administration of a narcotic poison.* Half a teaspoonful of syrup of rhubarb would not have caused the death, but laudanum added to syrup of rhubarb would prove fatal. I think one drop would be too much for an infant of such an age, and two drops would prove fatal to a child of such an age.

PRANKERD.

Elizabeth Sandford again called.—The mother of the deceased had been on Thursday last much frightened, and since thatperiod the child had become unwell and griped in the bowels, and from that time the stools were of a greenish hue, and I do not believe the death was occasioned by the medicine. Saturday morning the mother of the deceased pointed out to me, before the mixture was given, a mark of a reddish colour under the eye extending down the bridge of the nose, and that continued until the death.

Severally taken on oath this first day of November, 1841, before me

R. P. CAINES, Coroner.

Minutes of a post-mortem examination on the body of a female child, 12 *days old, taken* 43 *hours after death by Messrs. Pranherd, Hurman, and Alford, Surgeons, on the* 2*nd Nov.* 1841.

External Appearances.—Excessive lividity of the whole surface of the body, with a small congested spot on the right side of the nose; great congestion of the tongue and palate, with a little frothy mucus extending from the mouth. The external genitals slightly excoriated.

On opening the chest, the lungs were found perfectly healthy. A yellow serum in the pericardium, about the usual quantity. Great congestion of the vessels of the heart externally; right auricle gorged with dark coagulated blood. Right ventricle containing a similar fluid; in the left auricle and ventricle, a small quantity of black blood. In the abdomen, the stomach was found exceedingly congested on the villious coat, of a deep vermillion hue. It contains a small quantity of matter of the consistence of pap; towards the pyloric orifice, it was of a yellowish hue. Liver healthy, right kidney a little congested, and its pelvis filled with urine. Left kidney more congested, and its pelvis containing scarcely any fluid. Intestines inflated and of a reddish hue, bladder empty. On opening the head, the vessels on the surface of the brain were found gorged with black blood, the substance of the brain with many congested spots. The ventricles contained a small quantity of fluid.

REMARKS.—*From these appearances we are of opinion, that the immediate cause of death was a congestion of blood in the vessels of the brain, which might, we believe, be produced by the administration of a narcotic.*

(Signed) PRANKERD,
H. P. HURMAN,
RICHARD ALFORD, } Surgeons.

Dated, Nov. 2*nd*, 1841.

VERDICT.—CHILD DIED BY THE VISITATION OF GOD, AND NOT FROM ANY VIOLENCE OR INJURY!!!

ROYAL ACADEMY.—Mr. Green, Professor of Anatomy to this Institution, delivered on Monday the first of a series of lectures on Anatomy as applicable to the Fine Arts.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members on Friday, Nov. 5th, 1841:—

George Bransby, Andrew, Fenoulhert, William Freeman Daniel, John Hudson, Frederick Ingoldby, Benjamin Evans, Robert Temple Frere, Francis Greenidge Browne, Robert Brown, Frederick Ranger, Robert Gee.

STUDENTSHIPS IN ANATOMY.

ORDINANCES.

1. Three Studentships in Human and Comparative Anatomy shall be instituted; to be held by each Student for the term of Three Years, at a salary of One Hundred Pounds per annum.

2. Candidates shall be Members of the College, under Twenty-six years of age.

3. The Council shall determine annually whether one or more of such Appointments shall take place during the current year; and shall notify its Resolution by Public Advertisement.

4. The Appointment shall be made in the month of June, or as soon after as posible.

5. The Students shall be subject to such Duties and Restrictions as the Council shall from time to time direct; and in case of Misconduct shall be liable to dismissal.

REGULATIONS.

1. A Report shall be made to the Council in the month of March of the number of Vacancies, or expected Vacancies, in the Studentships; whereupon the Council shall determine whether any, and what number, of such Vacancies shall be filled up, and shall direct the necessary Advertisements.

2. Candidates shall transmit to the Secretary, on or before the 1st of May, their Applications for the Appointment, together with Certificates of general good character and of fair acquirements in general learning, signed by two qualified Members of the Medical Profession.

3. A meeting of the Museum Committee shall be held as soon after the 1st of May as conveniently may be, at which the applications of Persons offering themselves shall be examined, and if approved, they shall be admitted as Candidates.

4. The Museum Committee shall determine the mode of ascertaining the Merits of the several Candidates, and shall, after due investigation, report to the Council which of the Candidates in their opinion possesses the highest merit.

5. Students shall attend in the Museum daily (Sundays excepted) from Ten till Four o'clock, and shall be entirely under the direction of the Conservators, who shall employ them as they shall see fit; and who shall have the power of granting leave of absence when they think proper.

6. In case of misconduct or neglect, the Students shall be liable to be dismissed at any time by the President and Vice-Presidents, who are to report such dismissal, with the grounds thereof, to the next Meeting of the Council.

The President and Council have great pleasure in announcing that, at the instance of the Director-General of the Medical Department of the Army, the Physician-General of the Royal Navy, and the Chairman of the Honourable East India Company; the General Commanding the Army in Chief, the Lords Commissioners of the Admiralty, and the Court of Directors, have, with the view of promoting the objects of the College, been pleased to place at the disposal of the President and Council an Assistant-Surgeoncy in each Service, once in three years, for such of the said Students as may be considered worthy of these honourable distinctions.

The Subject of the Collegial Triennial Prize of Fifty Guineas, is the Structure and Functions of the Lungs.

The Subjects of the Jacksonian Prizes of Twenty Guineas each, for the next year 1842, are the Comparative Value of the Preparations of Mercury and Iodine in the treatment of Syphilis; and Injuries and Morbid Affections of the Maxillary Bones, including those of the Antrum.

These prizes to be written for under the following conditions:—Candidates to be Members of the College, not of the Council.

The Dissertations to be in English, and to be distinguished by a motto or device, accompanied by a sealed paper containing the name and residence of the author, and having on the outside a motto or device, corresponding with that on the Dissertation.

Recited cases to be placed in an Appendix.

Dissertations for the Jacksonian Prizes to be addressed to the Secretary, and delivered at the College before Christmas-Day, 1842.

Dissertations for the Collegial Anatomical Prize to be also addressed to the Secretary, and delivered at the College before Christmas-Day, 1842.

The Prize Dissertations, with every accompanying drawing and preparation, will become the property of the College; the other Dissertations, and their corresponding sealed papers, will be returned upon authenticated application within the period of three years; after which the papers containing the names of the respective authors will be burned, unopened, and the Manuscripts will become the property of the College.

REVIEWS.

On the Present State of the Medical Profession in England; being the Annual Oration delivered before the Members of the British Medical Association. By Robert E. Grant, M.D., &c.

This is the clever work of a disappointed man. It contains much powerful reasoning marked by just severity—for the writer's disappointment is partially connected with great medical abuses; it contains also much feeble vapouring and littleness of temper—for his disappointment has soured him to the extent, we are sorry to say, of prejudicing his judgment.

He mallets hard—but not surely. An unequal hand indeed characterizes the whole work. The justest and most practical of opinions are often found beside speculations the most absurd and visionary. Thus, while railing very properly at the present form of medical polity, as opposed to the members' freedom and just rights, he gravely proposes as the best scheme of righting the anomaly, the placing the profession under the State in the same way as the Army and Navy. Language, again, the most elegant, is defiled by vicinity to the coarsest expressions presenting themselves in the rudest of sentences. He can speak of letters-patent being granted for the "*glorification*" of a physician—that physician, too, *Linacre*—can call the members of the College of Physicians, "a kind of toads," describe a physician abandoning his patient as "scampering away in all haste," condescend to borrow the *Quarterly's* profane jest, (Croker's) "for the rest of the doings of this ministry, are they not written in the book of Job?" and declare "that the College authority had its origin in the book of Job, &c.," and beside, or, in the middle of such flagrant proofs of bad taste, we may meet with a sentence like this:—

"The harmony of nature, and the happiness of beings capable of enjoyment, depend on the establishment of distinct "grades," where the several ranks of existences are mutually connected and dependent; and where the existence, and the perfection of each separate "grade," is essential to the well-being of the whole. The humble lichens spreading on the frozen soils, envy not the stately forests of tropical climes; nor do the arborescent corals rooted in the valleys of the ocean, envy the more gifted quadrupeds grazing on the verdant plains. The laws and "institutions" of nature are the types of our ideas of perfection and harmony, in which we are equally incapable of perceiving defect, or of conceiving improvement."

And thus in the space of one short oration, we have the classic and the low—the systematic and the irregular—the practical and the visionary—the argument of freedom, and the recommendation of despotism; presenting a disorderly mass of grotesque varieties which fairly pre-engage the Professor's next attempt in the way of classification.

The personification of a distinguished President of the College of Physicians is ingeniously interwoven, and though the character is far from perfect on the head of *vraisemblance*, it cannot but convey a stinging sense of misapplied powers, to the party for whose especial punishment it appears to have been prepared with a very careful amount of malice.

The work altogether is one which is likely to do much greater service to Medical Reform, than to the credit of the Professor's mental or moral organisation, For the former reason, we wish it an extended circulation.

MEDICAL NEWS.

Westminster Hospital Medical and Scientific Society.—*Erysipelas.* November 3, 1841. Dr. Basham, President.—After the election of new members, and the general business of the Society, a paper was read by Mr. Welch, on Erysipelas. The author commenced by giving the definition of the disease as follows:—"Erysipelas is an inflammation of the integuments, affecting them, more or less deeply and extensively, with diffused tumefaction and a disposition to spread, depending upon constitutional disorder. It has been divided by some authors into idiopathic and traumatic; and by others, again, into simple, phlegmonous, and gangrenous; the latter classification, as will be easily seen, is merely the history of the course it pursues, according to the degree of inflammation. Mr. Welch then proceeded to describe at some length the varieties, causes, and treatment of erysipelas, illustrating the paper with some very excellent cases which had occurred in the hospital. The author concluded by proposing a question to be discussed, as to whether erysipelas be a contagious or non-contagious disease. The paper was most ably written, and the subjects so systematically arranged, that it tended greatly to divest the subject of its complexity. —An animated discussion took place on the question proposed by Mr. Welch.—Mr. Williamson gave it as his opinion that the disease was not contagious, but infectious; he had observed a peculiar odour to emanate from patients attacked with it, which he had no doubt was the cause of the disease being conveyed from one patient to another, when they had not been in actual contact.—Mr. Deazley had never observed this occur except in gangrene, when the fœtor is generally excessive. —Mr. Kay mentioned the benefit arising from blisters applied over the inflamed surface, and

also casually alluded to the actual cautery, as recommended by Larrey.—The President then favoured the meeting with a few practical remarks on the treatment of the disease. He advocated the use of fomentations and warm spirit lotions, and briefly alluded to the practice pursued at the hospital.—Some specimens of moulds for the electrotype were exhibited by Mr. Kay, and the meeting adjourned to next Wednesday. Mr. Williamson will read a paper on Necrosis, on Wednesday, November 17th, at 8 o'clock.

FANATICISM *versus* THE PROFESSION :—On Saturday last, a lengthened investigation was gone into before Mr. Baker, the coroner, on the body of Elizabeth Morgan, whose death was alleged to have been caused through improper treatment.

Maria Walker said, that the deceased for some time past had suffered from a spasmodic affection, and on Tuesday week witness was sent to attend her. Witness found her very ill, but no medical gentleman was called in, it being against the religious tenets of the sect to which the deceased belonged to do so. The sect to which she belonged styled themselves "The Church of Jesus Christ, and Latter-day Saints," their place of meeting being in Castle-street, Cow-cross. They dated their origin from the apostles, and treated their sick according to the following text, taken from the last chapter of the epistle of St. James : "Any illness amongst you ye shall call for the elders of the church, and anoint yourselves with oil in the name of the Lord." She (witness) had known cases of healing under such circumstances, but the deceased sank and died.

Mary Ann Albin said, she was called to see the deceased on Tuesday morning, and from her appearance thought she was suffering from inflammation of the bowels. No surgeon was sent for. Witness administered some "*sage-tea with Cayenne pepper*" in it; leeches and other remedies were also applied. Everything was prayed over before it was given.

Mr. D. Lewis, of Bunhill Row, surgeon, said he had attended the deceased on a former occasion for a spasmodic affection, and had not the least doubt that if he had been called in on the present occasion he could have saved her life. He had seen the body since death, which he should attribute to mortification of the bowels. Although the Cayenne pepper was not the cause of death, it was the worst thing that could be given to her.

The Jury, after some deliberation, returned a verdict of "Natural death."

[The Coroner, it appears, thought that the case was not strong enough to warrant a verdict of manslaughter; but he should have known that proved acceleration of death justifies such a verdict. Fanatics meddling with life require some punishment.]

The Irish Journals, we are glad to see, are waging bold war against the Medical Administration of Irish Poor-law Commissioners' Reports.

"The Association of Medical Officers of Hospitals for the Insane," held their First Annual Meeting, on Thursday, the 4th instant, at the Nottingham Lunatic Asylum. The object of this Association is the improvement in the management of such institutions and the treatment of the insane, and the acquirement of a more extensive and correct knowledge of insanity.

In our Sessional Synopsis we are informed that we omitted the following :—"School of Anatomy and Medicine, adjoining St. George's Hospital.—Anatomy, Physiology, and Surgical Anatomy, Mr. Lane. Practical Anatomy, with Demonstrations, Mr. Aneram, assisted in the dissecting-room by Mr. Dunn. Chemistry, Mr. Rodgers. Materia Medica and Therapeutics, Dr. Sigmond. Midwifery, and the Diseases of Women and Children, Mr. Bloxam. The Principles and Practice of Medicine, Dr. Sigmond and Dr. Goolden. The Principles and Practice of Surgery, Mr. Lane and Mr. Chapman. Medical Jurisprudence, Mr. Hutchins and Mr. Ancell. Botany, during the Summer Session."

A short time since, two bodies were deposited in a burying-ground in my neighbourhood. They were placed in one grave, the uppermost body being only a few inches from the surface. Such was the intolerable stench arising from the bodies, that those engaged could not approach within several feet of the grave. I am convinced that many attendants at funerals, conducted under such circumstances, pay a fearful tax in the depreciation of their health—the almost inevitable result of their exposure to the exhalations of the dead. If these persons could be tracked to their homes, very frequently disease would be found, the result of exposure to a "malaria," whose dangerous effects, in this country at least, seem neither to be understood nor appreciated.—*Walker on Grave Yards.*

VACANCIES, PROMOTIONS, & APPOINTMENTS.

ARMY.

20th Foot, Assistant surgeon Edward Menzies, from the staff, to be assistant-surgeon, vice English, whose appointment has been cancelled.

NAVY.

Assistant-Surgeon W. T. Carter (1828), to the rank of surgeon.—A. Allen to the Vindictive; P. Keon to the Snake.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths from all causes, registered in the week ending Saturday, the 30th October, 1841 :—

Epidemic, endemic, and contagious diseases	141
Diseases of the brain, nerves, and senses	113
Diseases of the lungs, and other organs of respiration	240
Diseases of the heart and blood-vessels	12
Diseases of the stomach, liver, and other organs of digestion	68
Diseases of the kidneys, &c.	9
Childbed, diseases of the uterus, &c.	8
Diseases of the joints, bones, and muscles	6
Diseases of the skin, &c.	1
Diseases of uncertain seat	96
Old age, or natural decay	68
Deaths by violence, privation, or intemperance	25
Causes not specified	5
Deaths from all causes	792

ERRATA.—In Mr Scoffern's second lecture there are the following errata which our subscribers are requested to correct with the pen :—page 1, column 1, line 9, *for* provincial, *read* promised; p. 2, col. 1, l. 6, *for* clinical *read* chemical; p. 2, co. 1, 14th from bottom, *for* their cohesive, *read* the cohesion; p. 2, col. 1, 5th from bottom, *for* cohesions *read* cohesion; p. 2, col. 2, l. 10, *for* remains *read* remain; p. 2, col. 2, l. 29, *for* phenomena *read* phenomenon; p. 2, col. 2, l. 36, *for* very active *read* negative.

ADVERTISEMENTS.

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The Premises are replete with every convenience, well supplied with hard and soft water, and Gas in various parts of the house.

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The Practice at the Retreat, beautifully situated about a mile from the Town, which has been successfully carried on nearly twelve years, is about to be disposed of

Refer to Mr. Hare, 32, East Parade, Leeds.

November 1st, 1841.

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This Day, price 5s.

THE PHARMACOPŒIA of the ROYAL COLLEGE of PHYSICIANS of EDINBURGH. Second English Edition.

*** In the present Edition, several errors have been corrected, and some extensive changes have been made, particularly in the formulas for pills and tinctures, by which, greater facilities are given in compounding them.

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A DISPENSATORY, or Commentary on the Pharmacopœias of Great Britain, comprising the NATURAL HISTORY, DESCRIPTION, CHEMISTRY, PHARMACY, ACTIONS, USES, and DOSES of the Articles of the MATERIA MEDICA. By ROBERT CHRISTISON, M.D., Professor of Materia Medica in the University of Edinburgh.

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ACADEMIE DE MEDICINE, PARIS.

November 6th, 1841.

IMPORTANT NEW COMMISSION ON PHRENOLOGY—THEIR REPORTS.

M. Bouillaud, the reporter of the commission, read M. Voisin's memoir "upon the defective cerebral organization of the greater number of criminals," and then commenced his report by some brief observations on phrenology. This term, he said, commonly conveyed with it the idea of an integral doctrine embracing the whole of the physiology of the brain, the doctrine of which Gall was the author. The questions to which it is directed form a complicated problem, the solution of which can only be the work of ages. But there is no need of waiting for the realisation of this solution, to admit, henceforth, as a principle, the plurality of the cerebral organs, which is the practical part and at the same time a new part of the question. The origin of this science, which consists in discovering the qualities of the mind by the conformation of the head, is more ancient than is generally thought; Cicero speaks of it, and cites many instances, where it was applied with success; Seneca also mentions it, although, in more than one passage, he treats it ironically.

M. Voisin, in his memoir, which was presented to the Academy in July, 1838, has laid down two striking principles. The first is, that the statistics of the tribunals and of the courts of assizes have mathematically demonstrated that criminals principally issue from the lower orders of society. The second is, that two-thirds of those sentenced, or 315 out of 500, have a vicious organization of the brain, and resemble exactly the conformation of the skull exhibited in some who have been executed, especially Martin, Leger, Boutillier, whose heads have been shown by M. Voisin to the Academy. These two considerations are strongly calculated to fix the attention of legislators and philosophers.

M. Voisin visited the house for juvenile offenders, in union with the chiefs of the establishments, a circumstance which gives more value to the results, since he was thereby enabled to examine them immediately.

Four hundred young people were brought before him. After having rapidly examined them with the eye as well as the hand, he placed them to the right or left, according as he found their skull well or ill formed. These two groups, phrenologically distinct, having been formed, he subdivided the whole number into four, the secondary series composed, the first of the better subjects, the last, of those reputed most vicious, and two intermediate classes approached, the one to the first, and the other to the second series; 25 only were thought worthy to be placed in the first; in return, the fourth numbers 65, the second 77, and the third, 91. The sentence, then, said M. Bouillaud, "many are called, but few are chosen," finds here an exact application, and that in fact the evil disposition is more prevalent than the good.

This classification once made, the next point was to ascertain if it was just, and if the judgments of our phrenological Minos would not be in contradiction with the knowledge of the directors of the house, MM. Boulon and Compignac de Villars. But these gentlemen, consulted in their turn, declared that this result was very nearly in harmony with that which they themselves had discovered as to the dispositions of the young people submitted to their keeping. It was then that M. Voisin, who possesses a very vivid imagination, cried out, in a transport of enthusiasm, well justified by the result—"Gentlemen, there are but two explanations, either I am a sorcerer, or this is a science."

The Academy, continued M. Bouillaud, will doubtless be struck by this dilemma as something singular, but placing too much reliance on the understanding of M. Voisin, to class him with sorcerers, it will not hesitate to consider him as forming a science, the principles of which he has so happily applied. The whole of his conclusions may not perhaps be allowed, but, as using an expression now much employed, because there is so little in it that can compromise one, it will at least allow that there is something in it.

Whatever the difference of its opinions, respecting phrenology itself, the commission has unanimously agreed to the following conclusions—1st, To address to M. Voisin a letter of thanks; 2ndly, To request him to continue his experiments, which, if like those which he has submitted to the ocular evidence of the commission, are much more likely than mere argumentation to advance the cause of phrenology; 3rdly, To inscribe his name upon the list of candidates.

M. Nacquart: It might be objected to the experiments which have been recited, that the disposition of the individuals was as much appreciated from the inspection of the physiognomy, as from that of the skull; to have avoided this objection, they ought to have covered the faces of the persons examined with a mask, or have examined them from behind.

M. Londe: It would be impossible to use a mask, since, according to phrenologists, some organs correspond to the forehead, and the size of others could only be judged of by the prominence of the eyes.

M. Nacquart: Might not the eyes be left uncovered, and the lower part only of the face be concealed?

M. Rochoux: If the brain contain many different organs, as phrenologists assure us, why not give us their clear distinction? You cannot discover them in the dead body, and yet you would see them in the living, when they are covered with membranes, cranium, and integuments? This pretension recalls to my mind the history of the curé of a village, who showed to his pious flock the hair of a renowned saint, and caused them to admire its length and beauty. A peasant less confiding having approached, declared that he could not see it. 'I can easily believe that,' said the good priest, 'for I have been showing it for thirty years, and never saw it myself.'

M. Bouvier: Phrenologists often neglect important points in the examination of the skull. Thus M. Voisin has principally judged by the examination of the anterior part, and still the posterior part of the head contains organs which also are important.

M. Ferrus: I had the honour of being a party in the commission named to examine the result of M. Voisin's labours; and though I strongly regret not having been present at his visit to the young prisoners, still I fully agree in the conclusions of the honourable reporter. M. Nacquart has proposed placing a mask over the faces of persons, the morality and intelligence of whom we wish to discover; lest the judgment should rather be dictated by the inspection of the features than the examination of the skull. But, gentleman, he has misunderstood the nature of phrenology. Gall did not think it useless to pay attention to physiognomy. For myself, I have often made phrenological observations, and I declare that I do not consider them complete, unless we also avail ourselves of physiognomy, of the expression of the features, of the state of the skin, &c. This is a concession, you will say, that destroys the theory of the cerebral developements. Not at all. Gall, Spurzheim, M. Bouillaud, and all who are advocates of phrenology, include physiognomy as a part of the science. M. Bouvier has said, that he has made comparative studies on the conformation of the skull in idiots; this is a question entirely different; for in the majority of idiots, the brain is in a pathological state, there is hydrocephalus, for instance, or some other lesion, and in these circumstances it is evidently useless to make any account of its size. We can, in fact, make a comparison only with sound organs, and it is thus that we reason in drawing an induction, whatever may be the subject of our study. Though an individual, for example, should have a well-made leg, you would not thence conclude that he is a good walker, for it might happen that it was paralized. M. Rochoux doubts that we can anatomically distinguish the different cerebral organs; he considers it impossible to point out on the dead body the convolutions belonging to this or that faculty. Eh, mon Dieu! M. Rochoux then has not yet understood Spurzheim; or he would have seen, that it is precisely upon that that he insists in his lectures, localising, with remarkable talent, the different organs in this or that part of the brain. That is the very thing which has converted me to the principles of phrenology. This is a fact, it is true, not to be arrived at at once; it demands time, for we can not always succeed in plainly demonstrating this distinction. For this reason I perfectly appreciate the reserve which governs the conclusions of the honourable reporter. M. Bouvier also demanded whether M. Voisin did not exclusively confine himself to the examination of the superior and anterior parts of the head? M. Voisin may possibly have said, that his examination was especially directed to these two points; but I do not believe that the other regions were neglected. If they were, it was a fault, and I should disagree with him upon this point. It has also been asserted that the intelligent faculties are seated at the back part of the head; but in truth, with what we

already know on this subject, such an assertion has all the appearance of a mere pleasantry.

M. Nacquart: I must remind M. Ferrus how Gall defended himself against all assimilation between his doctrine and that of Lavater. The inclinations and the instincts are what modify at length the features, but it would be dangerous in the examination to ascend from the inspection of the face to that of the skull.

M. Ferrus: Gall's perpetual maxim was, to examine first the skull, and then the face. Nor did Spurzheim neglect to take physiognomy into account. On one occasion, making a phrenological visit with him to the prisoners at Bicêtre, we proceeded in the following manner: We examined, in the first place, the conformation of the skull, the head being covered with a cap; we then re-examined it uncovered, remarking also the features, and concluded by demanding the observations as to the previous as well as present conduct of each prisoner, to see if they were in accordance with the result of our observations.

M. Pelletier: I would inquire of M. Bouillaud under what point of view M. Voisin had formed his judgment? Is it as to intelligence or as to morality that his classifications have been formed? There is an immense difference between these two conditions; a man might be placed in the last state, as to morality, but still occupy one of the first ranks in relation to the intellectual faculties. Lacenaire forms a remarkable example.

M. Bouillaud: This is the way in which M. Voisin proceeded. He found a striking resemblance between the skulls of certain executed criminals (before mentioned), and those of some of the prisoners; and this it was which suggested to him the idea of making this inspection. He proceeded by groups of organs, and by grand classes. He might, indeed, have made some particular subdivisions, and I approve entirely in this point of view of what M. Pelletier has said.

M. Londe: M. Rochoux has said that phrenology has not a solid foundation; and as a proof of this, it is asserted that the functions of the cerebellum have been differently defined by different authors, Gall regarding it as the organ of animal love, and M. Bouillaud believing that it serves to regulate the motor powers. But these contradictions prove nothing against phrenology; at the most they would authorise us to say that Gall was deceived.

M. Gerdy: I had the honour of being a member of the commission, but, as well as M. Ferrus, I was unable to assist at the inspection which M. Voisin made in the house of correction. One thing, moreover, has struck me in what you have heard of the memoir of M. Voisin. He asserts that crimes are more numerous among the lower classes; I do not see what conclusions can be drawn from that. Ought we not to take into account the facility with which men, who enjoy a certain fortune and the advantages of education, can shelter themselves from prosecution, by hiding their bad actions? I should also have wished that the directors of the house had been called on to give their opinion upon the conduct of the prisoners before, and not after the visit of the physician; this was the only means to ensure the opinions being exempt from all influence or prejudice. The report still contains an important fact; it acknowledges that in each of the theories raised by M. Voisin, there were some errors. But what was the number of these errors? What was their nature? Was an individual of satisfactory morality, for instance, ranged along with the most perverse? We may imagine what importance such an error would have, and how it would altogether compromise the science which might have exposed us to it, and the society which might accept the results of this science as a basis for a reorganization of the criminal laws. Lastly, it has been applied only to children, and every one knows that the passions are developed only with the progress of age. I do not think then that we could legitimately conclude, from the moral dispositions of a child, what would be its propensities when it shall be a man. As to the observation of M. Ferrus, that the phrenological examination is based not only on the inspection of the skull, but also on that of the features, &c., I believe that this has changed the character of phrenology. After all that I have heard, it does not appear probable to me that Gall, who on every occasion manifested his contempt for Lavater, would have wished to make physiognomy an auxiliary. Gall, as M. Nacquart has said with reason, is one of the greatest ideologists, of the greatest philosophers of our time; but I acknowledge with M. Bouillaud, that he is not the inventor of the doctrine attributed to him; I acknowledge, also, although this may seem in opposition with the eulogium which I have given him, that this doctrine is not perfectly satisfactory with regard to the classification of the faculties; we formerly divided the mind into reasoning, attention, comparison, &c., but Gall has shown that these are not unique faculties. As long as it has been necessary merely to demolish ancient theories, he has succeeded admirably; but when the question has been to raise a new one, he has not been so happy. Let us take, for instance, his faculty of music; I can still find there several very natural divisions. Thus, one man shines in composition, another in execution; this is an excellent improvisator, that one will be remarkable for his skill in reproducing the musical morceaux which he has heard but once. We have here so many elements in one and the same faculty, and it is the same with all the others; the talent of painting, of mathematics, &c., all, without exception, can be subdivided into a greater or less number of other faculties. We must go further, therefore, to find simple, elementary, and primitive faculties. In a few words, we may say that in the classification of the ancients, we had generic terms only given, each embracing a great number of secondary species; the study of these species is yet to be accomplished, for Gall, as I have shown, has not entirely succeeded in it. I believe that it is in this way that physiological studies should now be directed.

M. Bouillaud in reply said, the doctrine brought forward by M. Bouvier, which assigns the intellectual faculties to the posterior part of the head, is not supported by any proof; on the contrary, in all those apoplexies where the the mind is remarkably affected, we find the effusion in the anterior lobes. Experiments on animals prove the same thing; in like manner we never meet with very superior minds in men with receding foreheads.

Gall reproached Lavater with great exaggeration; but there is not much justice in this accusation, for, on the contrary, Lavater was of a very reserved disposition; his was a true German head. Moreover, there was so little difference between them, that it has often occurred for Gall to instance as types of certain faculties, the same individuals whom Lavater had previously chosen for examples.

With respect to the arguments of M. Rochoux, I regret to see our colleague incessantly urging the same series of objections. Thus he assures us, that phrenologists are never able to lay their finger on or point out upon the brain the different organs which they contend for. But does he then forget that we have made, in this respect, a sort of geography of the faculties? The localization may be defective, that may be one objection, but still there is such a localization. In the same way the diversity of opinions upon the functions of the cerebellum prove nothing against the possibility of phrenologically discovering them.

M. Rochoux again asserts, that there is no necessity for admitting a mass of organs to explain acts of intelligence, since movements, for instance, although of so many different species, are governed by the same organ—the nervous system. But the comparison is far from being exact. Let M. Rochoux show us that all the instincts are identical, like all the movements; that music, for instance, bears a resemblance to architecture, or to the disposition to good or to evil, &c., and then I will freely admit with him that they can all proceed from the same organ.

M. Rochoux then challenges phrenologists in the following manner: You will not, he says to them, positively point out to me the cerebral organs, distinct and separate. Let M. Rochoux submit his head to the examination of an experienced phrenologist, and I assert that he would tell him perfectly, and without any preknowledge of them, what are his dominant faculties. Divinations of this sort are made every day. One of my friends, a very clever phrenologist, being one day in an omnibus, said to an individual, who sat facing him, and whom he had never seen before, that without doubt he had a very decided love of order. He found, in fact, that this person presented this quality developed in a very great degree, and loved to put everything in its place, even in an apartment that might belong to a stranger. In another instance, a man presented a large development of acquisitiveness; during a long time he was not discovered to be guilty of any fraudulent subtraction, but finally, it was found out that he had several times gone into the city to receive debts which did not belong to him. We may also distinguish a professed duellist by the exterior characters of his skull. In short, if there are some parts of the system of Gall which have been modified by his successors, there are others which have not been touched, and which are the same as when left by him. For my own part, I declare that I have always found the principles of his doctrine conformable to observation. Still there are some exceptions, but the greater part are of the number of those which confirm the rule. These, who have endeavoured to appreciate the influence of the cerebral organs, have generally neglected to take quality as well as quantity into consideration.

I will conclude by refuting an objection coming from a high source. Napoleon was one of the most violent adversaries of the doctrine of Gall; he used especially to remark, that among the instincts admitted by him, there are some the mere result of social organization. Would such a one, for instance, said he, have the propensity to theft if there was not property? Where would be the propensity to drunkenness if there were no fermented liquors? But, gentlemen, continued M. Bouillaud, human nature and the social condition, are two inseparable things; and in society the love of property is essentially inherent to the heart of man. The unceasing advance of phrenology in this age is a sufficient triumph over the contempt of Napoleon, and the skull of the Emperor is one of the finest proofs of the truth of its principles. I do not know whether M. Rochoux will accept the proposal which I have made to him, of being examined by a craneologist; if so, we shall doubtless one day show, in like manner, the skull of M. Rochoux, as a confirmation of phrenological ideas.

TYPHOID FEVER IN THE INFANT.

M. Bricheteau submitted to the Academy a statement to the effect that many authors had doubted the existence of typhoid fever in infants. Dr. Taussin, the author of an excellent memoir on this subject, declares that it has appeared to him to be very uncommon in youth. MM. Billiet and Barthez have recently published three cases of typhoid fever in infants; but the lesion was in all these cases complicated with enteritis. M. Bricheteau had himself observed one case in an infant twenty-two months old; but the little patient getting well, he had some doubts upon the nature of the affection. M. Bricheteau placed before the Academy some portions taken at the autopsy of an infant of ten months, who died after being thirty-six hours in the hospital, and had had, moreover, diarrhea, stupor, &c. The glands of Peyer were ulcerated in about four-fifths of the intestine; the mesenteric glands were engorged; in a word, all the alterations were found which are usually met with in adults who have died of typhus fever.—*Gaz. Med., 30th Oct.*

LECTURES ON CLINICAL MEDICINE.

Delivered at the Hotel Dieu, Paris, by Professor CHOMEL.

LECTURE III.—PNEUMONIA.

GENTLEMEN,—*The extent of the inflammation in the lungs of old men* is variable, whilst in old women it is most frequently considerable; thus, in one case, I found the right lung and the inferior lobe of the left in a state of grey hepatization throughout their whole extent, while the superior lobe of the left lung was gorged with blood and with bronchial froth. The *lobular* form is rare; but we not unfrequently meet with small *granulated bodies*, which are generally very numerous; they are not accurately bounded by the lobular septa, but are insensibly confounded with the surrounding parenchyma, which is almost always engorged; they are seated more particularly on the posterior border of the lung.

The *vesicular* form is still more uncommon. In one case, it presented a very remarkable character, which MM. Hourmann and Dechambre have described as follows: the granulations, large and compact, were united in groups of four or five, separated one from another by a space of about two lines. Each of these small tumours, very friable, and of the size of a lentil, had, in its grained appearance, its red colour, and its rather more than hemispherical form, the greatest resemblance to a small raspberry or strawberry. In one of the spots where this morbid state existed, we could distinctly trace a very fine canal, the nature of which it was impossible to discover, but empty and collapsed, running in a parallel line to the surface of the incision, and sending a ramification still more minute to each of these groups.

MM. Hourmann and Dechambre, while considering the typical varieties of organization in the pulmonary tissue, and their various forms of lesions, which I have just been speaking of, have established the following facts, by the experiment of drying those portions which remained sound in the middle of diseased lungs:—

The three varieties of pulmonary rarefaction may present the state in which the congested lung becomes impermeable to the air with or without friability, but without assuming a granular aspect, a state in which, in a more advanced stage, pus appears in layers or streaks, which may be made to pass in quantities into the interior of the lobules, until checked by the septa.

Lungs of the third type, offering but a confused assemblage of irregular cells, are the only ones which present that state in which impermeability, not depending on granulations, is attended by the deposition of a demi-concrete matter in the midst of large cavities, but which may be easily removed by the point of a lancet.

Lungs in this state have never presented red or grey granulations, which appear to have their seat exclusively in those of the two first types. In this last condition, if the cells are well formed and rounded, the granulations assume the form of small nipples, regular and well circumscribed; they become, on the contrary, irregular and almost confluent, when the cells commence to lose their shape

By way of recapitulation, MM. Hourmann and Dechambre think they may acknowledge two species of pneumonia in the old man; the one without granulations, evidenced by a planiform sanguineous congestion, attended from the first by impermeability of the lung, and afterwards by the secretion of a purulent matter, moveable in the lobular spaces, has its seat external to the bronchial tubes, in the laminated tissue separating them, and may be named *inter-vesicular* pneumonia. The second species is commonly granulated, and is seated in the tubes themselves; it is caused either by the engorgement of their parietes, or by the deposition of puriform matter in their cavities, and should be called *versicular*. If these cavities are very irregular, granulations cannot be formed; but the state of the lung induced, although it may in this respect resemble inter-vesicular pneumonia, will evidently belong to the second species from the nature of the anatomical element affected. This last species then includes both hepatization and that non-granulous state of the lung, in which we find pus in the altered portions of the parenchyma. Putting aside the consideration of the precise seat of the inflammation in this or that part of the pulmonary parenchyma, pneumonia in the old man presents some forms, which we rarely meet with at the other periods of life; as, for instance, carnification of the lung. The tissue of the organ, in this state, is of a deep tint, blackish, and sometimes sky-blue; it is not crepitant, on pressing or incising it blood does not flow out, but a serosity more or less viscid, often reddish and frothless; the cut surface is homogeneous and smooth, Splenisation is often also observed at this age.

Lastly, in old men we not unfrequently meet with an anatomical form of pneumonia, which seems to result from the presence of emphysema more or less marked. In this state, the pulmonary parenchyma, when cut into, resembles the cavernous body of the penis, instead of appearing like the liver; we may also discover a multitude of cavities of various sizes; the tissue is blackish, but little resistant, the fingers easily sinking into it. This organic modification rarely occupies a large extent; we almost always find it accompanying the first or second stages of simple pneumonia; and we sometimes find in the midst of these altered parts aggregations of discoloured and greatly dilated vesicles. M. Reynaud and M. Secretain have often had an opportunity of observing this kind of pneumonia at the hospital for old men, and more recently MM. Hourmann and Dechambre have found it in the old women at Salpêtrière.

Lesions of the pulmonary parenchyma in the infant.—According to the recent researches of MM. Rilliet and Barthez, we can distinguish in the infant, 1st, Vesicular pneumonia, anatomically characterized by a mass of miliary granulations of a grey colour, bordering on yellow, scattered in the midst of the sound parenchyma, but differing essentially from miliary tubercles, these latter being full and solid, whilst the inflammatory granulations contain a liquid in their centre, whence it escapes on incision, under the form of liquid pus; the inflammation in this case seems limited to the terminations of the bronchial ramifications, the surrounding cellular tissue remaining perfectly sound.

It sometimes happens that several inflamed vesicles are joined together by cellular tissue in a similar state of inflammation, forming small lenticular masses, in the midst of which are distinct granulations. This character forms a distinction between this vesicular bronchitis complicated with lobular pneumonia, and this simple lobular pneumonia which we are going to describe.

2nd. *Nippled (mamelonnée) pneumonia.*—This is the disseminated partial or lobular pneumonia of authors. The lung viewed exteriorly is soft, flabby, and of a rose grey; it presents spots of a violet red, sometimes spread about, sometimes restricted to one place, most frequently circular, but sometimes elongated from above downwards; these bodies are projecting, not collapsing with the rest of the organ on opening the chest, and presenting a resistance to the finger.

They commonly attack the posterior border of the lung, still without sparing the other parts of this organ; sometimes they are not visible externally; but by the touch they may be discovered deeply seated, under the form of little bean-like bodies, of greater or less hardness.

These small masses when cut into, present a tissue not unlike that of common pneumonia; it is in fact smooth on the surface of the incision, and when torn it exhibits granulations; it does not float in water; its crepitation is lost on pressure, and the liquid which exudes from it, is red, sanious, and not frothy. To perceive distinctly these characters, we should separate one of these little bodies from its surrounding parenchyma, and only experimentalize on the central portion.

Lobular pneumonia, like the ordinary species, presents three degrees; that of engorgement, that of red hepatization, which we have just described, and that of grey. This last may be easily confounded in certain cases, where the tissue of the lung is greyish, and presents in its appearance great analogy to the surrounding parts; but on cutting into them, the lobules remain prominent, and pressure gives forth a purulent liquid, so rendering a mistake impossible.

These hepatised little bodies, generally speaking, become easily distinguished by their colour from the surrounding tissue; nay, as MM. Rilliet and Barthez have observed, in about a dozen of them occurring in one patient, the limit is established in some cases by a sort of hollow sphere, with white resistant parietes of about half a millimeter in thickness, and of a fibrous aspect.

The size of these engorged bodies varies between that of a grain of hemp-seed and of a pigeon's egg; their form is spherical or oval, their number varies from one up to twenty, or even thirty or more.

3rdly. This kind of pneumonia so well defined, has been named nippled (mamelonnée) by MM. Rilliet and Barthez, to distinguish it from partial lobular pneumonia, which is much less distinctly circumscribed; in fact, in this last form the circumference of the tubercles is insensibly lost in the surrounding tissues, without either their colour, or their prominence, clearly distinguishing them from the neighbouring parts; moreover, their size is not unfrequently more considerable than that characterizing the tubercles of nippled (mamelonnée) pneumonia; their form is often irregular, presenting various prolongations. It also frequently happens, that the tubercles, instead of being all in the second stage, present hepatization at their centre, and engorgement at their circumference; sometimes, also, some of these engorged circumferences unite with the neighbouring ones, so that the inflammation attacks a remarkable extent of parenchyma, which thus presents the first and second degrees of pneumonia intermingled. We may then, according to these considerations, distinguish two kinds of lobular pneumonia; in the one called nippled (mamelonnée), the inflammation is concentrated in one or two principal places, in the other the inflammation, at first attacking the separate lobes, tends to spread into the surrounding parts; whence it follows, as remarked by MM. Rilliet and Barthez, that nippled (mamelonnée) pneumonia may reach the stage of suppuration and the formation of abscess, whilst partial pneumonia tends to generalize itself and become lobular.

Still we should be wrong, notwithstanding these specified characters, to consider these differences in any other view than as modifications of the same disease; in fact, the authors whom we have named mention a case, in which there existed suppurative tubercular pneumonia on the one side, and the generalized form on the other.

When nippled (mamelonnée) pneumonia has passed into the state of abscess, we find a greater or less number of cavities, the size, form, and disposition of which are analogous to those of the hepatized lobules; these cavities are filled with pus, often mixed with clots of blood; sometimes they

are completely isolated from the bronchi, which wind around, but do not communicate with them, at other times a communication is formed between them, and at this point we shall discover a solution of continuity in the mucous membrane.

Generalized lobular pneumonia, when in the third stage, after attacking an entire lobe, may still be distinguished from common lobular pneumonia. We find the parenchyma streaked with red and with grey, arising from the different degrees of inflammation which the lobes severally affected have reached. In common lobular pneumonia, which, on the other hand, generally progresses from the lower part upwards, the base is in a state of hepatization or suppuration, while the upper part has arrived only at a state of engorgement or hepatization; thus there is a different degree of lesion in the two cases.

Under the title of marginal pneumonia, M. Delaberge has pointed out in children an inflammation of slight extent, which is seated in the circumference of the base of the lobes, or at their anterior margin, and which moreover offers all the other characters of common pneumonia. On account of its small extent, we are unable to diagnosticate it during life.

It is exceedingly important to remark, that the different forms of pneumonia in children are closely united. In fact, inflammation of the bronchi of a certain calibre gives rise to vesicular pneumonia; this occasions partial lobular pneumonia, and partial pneumonia again allies itself to common lobular pneumonia. But although this transformation may take place in a great number of cases, it does not follow that it always should do so; in some instances, in fact, post-mortem researches do not enable us to discover positively the existence of bronchitis; and, on the other hand, especially when the inflammation is lobular, the bronchitis is not sufficiently marked, and the general symptoms supervene too suddenly, to allow us to admit the propagation of the inflammation from one tissue to another.

4thly. We also find, in children from two to five years, a lobular pneumonia *similar* to that which we have pointed out in the adult.

Lesions of the pulmonary parenchyma in the new-born child.—The lungs in the new-born child are frequently the seat of considerable congestions, which it is difficult to distinguish anatomically from inflammatory engorgement, but which differ essentially from the state presented by a lung in which respiration has not taken place; in this last case, in fact, the organ is soft, flexible, of a violet colour, and devoid of air; it sinks in water, and but imperfectly fills the corresponding side of the thorax.

When the parenchyma is in a state of hepatization, it is of a deep violet, mixed with red, or of a blackish brown; on making an incision into it, we do not discover any granulations; the cut surface is shining, smooth, and clean; it has, to use the expression of M. Valleix, the appearance of polished marble; the granulations, moreover, do not become apparent when we rupture the indurated parenchyma with the fingers, according to the experiment performed by the above-named author; on pressure, a thick liquid escapes, rather abundant, and of the colour of wine-lees, or of a blackish brown, and frothless. We sometimes find spots of a greyish white, mixed with red hepatization; the liquid, which then exudes on pressure, presents striæ of a dirty white, in the midst of a colour like that of wine-lees. Hepatized parenchyma is generally of remarkable firmness, insomuch that it scarcely gives way to the pressure of the finger. We do not here find that friability which is so remarkable in the adult; the diseased parts do not offer any crepitation, and they sink rapidly in water.

[The second lecture of M. Velpeau's valuable course on diseases of the breast, will be given in our next.]

LECTURES ON CHEMISTRY.

By JOHN SCOFFERN, Esq., Professor of Chemistry at the Aldersgate School of Medicine.

For the purpose of rendering more obvious the peculiarities distinguishing cohesion, chemical attraction, and gravitation from each other, we, in our last lecture, brought them all before your notice; but inasmuch as each presents us with a wide scope of collateral investigation, we must return to them again. First, then, with respect to cohesion. This force we have merely spoken of in connexion with its simplest results; we have mentioned that matter comes under our notice, not in particles, but in masses; and that the force acting to produce such masses has been termed *cohesion*:—but collections of matter may be either *morphous* or *amorphous*, *i. e.* with or without definite forms; consequently our remarks on the subject of cohesion will naturally arrange themselves under two heads—the first relating to *amorphous*, and the second to *morphous* masses; or, in other words, *crystals*.

Deeply interesting as is the subject of crystallography, and intimately connected with the higher walks of inorganic chemistry, I feel that in the short space of six months, to which authorities restrict us, I should not be consulting your interests by entering upon it so minutely as if my own wishes had alone been consulted. Distinctly understand, however, that I am far from underrating (as is the case with some chemists) the advantages which have accrued, and still may accrue, to chemistry, from a study of crystallography. I believe that if we ever become more intimately acquainted with the nature of light, heat, and electricity,—crystals will be our chief agents of investigation; if we ever succeed in better understanding the laws which regulate the approximation of material particles, whether cohesively or chemically, still our chief data will be supplied from the beautiful regularity of crystalline forms. You will see, then, that I by no means underrate the value of crystallography. To trace the history of this science would be a tedious and not very useful task. That substances under favourable conditions assumed certain forms rather than others, must have been noticed at very early periods; but Romé de Lisle seems to have first speculated relative to the cause of this. He attributed such variations of form to the truncations of a certain invariable nucleus. A similar idea, or one very closely allied to it, was entertained by Bergmann and Haüy, to both of whom we are indebted for a great deal of information relative to crystalline form. It is a fact well known to lapidaries, that gems are not equally prone to cleave in all directions; that, moreover, for the same substance, those directions of cleavage or splitting are invariable. This fact was embraced by Haüy, as furnishing him with a means of developing the intimate structure of crystals. Selecting some complex angular form, he submitted it to the species of dissection termed *cleavage*, *i. e.* he broke or cut away certain parts at the points of their least cohesion, thereby developing forms more simple than those presented by the original crystal. The number of these simple forms, Haüy imagined to be six; viz., the *cube*, *tetraëdron*, *octoëdron*, *hexangular prism*, *rhombic dodecaëdron*, and *bi-pyramidal dodecaëdron*, all of which he believed might be still further divided into the *parallelopipedon*, *triangular prism*, and *tetraedron*.

Such, then, was the opinion of Haüy; but the primitive forms just mentioned must be regarded as merely speculative, and not universally admitted by all crystallographers. Thus, instead of six primitive forms, we find Mr. Brookes recognising fifteen. The fact is, that we have not yet accumulated sufficient data to enable us to judge of this with any approach to correctness. Thus far we are certain, that the numerous crystalline forms which bodies assume may by dissection be reduced to simpler ones: hence, it is probable that there may exist some relation between the form of crystals and the particles which compose them; more we cannot say. Up to the time of Dr. Wollaston, it was deemed essential to the theory of crystalization that angular masses should be composed of angular particles. This philosopher, however, originated another theory. In the "Philosophical Transactions for 1813," he suggested that the primitive molecules of all bodies might be spheres or spheroids; and that such spheres and spheroids, by different mutual arrangements, might be caused to assume an infinity of angular forms. To give an idea of his theory, I would desire you to recollect how cannon balls are piled up in arsenals: usually each heap is in the form of a pyramid, having a square base. Two such pyramids, lying base to base, would constitute an octoëdron; and many other forms may easily be imagined, even supposing perfect spheres always to be employed: but on the supposition that we use *spheroids*, *oblate* or *flattened*, and *oblong* or *extended*, then the number of possible forms would be very much increased.

Imagining that identity of form always corresponded to identity of chemical composition, the early crystallographers paid great attention to the measurement of crystalline angles, by instruments termed *goniometers*. These opinions are now proved to be fallacious; and consequently the measurement of angles is not at present considered of so much importance as formerly. It has now been proved that two *different* substances may crystallize in the same form; hence the term *isomorphous*, meaning similarity of form: that, moreover, there are other instances of one body crystallizing in two forms, not belonging to the same system, of which sulphur is an example. Hence the term *dimorphous*. A rigid measurement of crystalline angles, then, is by no means so important a matter as was formerly imagined; and we may, therefore, in great measure, dispense with a very laborious, if not repulsive, investigation.

Crystallography has recently been placed on a new footing by two German philosophers, named *Weiss* and *Mohs*, whose systems, although not quite agreeing in all their details, nevertheless do not vary in any important matters. These philosophers regard the measurement of angles as a secondary consideration, not at all necessary to their plan of arrangement; neither do they stipulate for the existence of either spherical or angular molecules in particular; but their arrangements are formed in reference to certain lines or axes, capable of being traced in all crystalline bodies. Unlike the primitive forms of Haüy, Brookes, and others, which are all but arbitrary, the systems of Weiss and Mohs do really include certain very curious groups of phenomena, as will hereafter be proved: hence they bear an appearance of truth. Here is a tabular view of their two systems:—

Primary Division, with reference to Symmetry.	Systems or Groups of Mohs.	Systems or Groups of Weiss.	Crystallographical Axes.	Optic Axes.
Crystals having three rectangular equal axes Do not become electrical by heat, Do not expand unequally by heat, Do not doubly refract light.	Tessular	Regular; *synon.* cubic octoëdral	Three axes; all rectangular, all equal.	Three optic axes, will not doubly refract in any direction.
Crystals not having three rectangular equal axes, Become electrical by heat, Expand unequally by heat, Doubly refract.	Rhomboëdric....	Rhomboidal	Four axes; 1 rectangular, [UNEQUAL,] 3 intersect at 60 deg. (EQUAL.)	One optic axis, doubly refract in all directions but one.
	Pyramidal.....	Right square prismatic	Three axes; all rectangular, 1 unequal, 2 equal.	
	Prismatic.....	Right rectangular ditto	Three axes; all rectangular, all unequal.	Two optic axes, doubly refract in all directions but two.
		Oblique rectangular do.	Three axes; 1 rectangular, 2 oblique, all unequal.	
		Doubly oblique ditto ..	Three axes; all oblique, all unequal, symmetry totally wanting.	

To form an empirical arrangement is no very difficult matter; but, to form an arrangement which shall correspond with Nature's own laws, is a task requiring much philosophic induction. It will, however, be seen, by the slightest glance at our table, that the individual systems of Weiss and Mohs do really correspond to certain well-marked groups of phenomena. For example, no crystal belonging to the cubic or tessular system will doubly refract light, become electrical, or expand unequally by heat; whilst all other crystals are affected in a contrary manner. Now, all crystals belonging to the regular or cubic system are characterized by symmetry of form; in common language, they have the general appearance of being as broad as they are long; and hence, assuming that symmetry of form corresponds to symmetry of force, we may infer that the cohesive force acting in the production of a crystal of the tessular or cubic system is exerted equally in all directions. Thus far all is speculative. How shall we subject the truth of this idea to the test of experiment? Take a parallel case: I have a vessel capable of containing a liquid; I know cohesion is destroyed in one part of this vessel; in other words, there is a perforation; too small, however, for me to see: then how am I to demonstrate its existence? Why, simply thus—I pour into it a liquid, and remark where and how the liquid comes out. Suppose, then, I have a crystal, the particles of which *may be* held together by a force acting equally in all directions, or on the contrary *may not*, how can I determine this? I cannot pour water through a crystal, it is true; but *I can pour light through*, and can notice, moreover, whether it emanates in *one* stream or *two*: if in one, I may reasonably enough infer that the crystal through which it percolated, was produced by a force acting equally in all directions; if in two, then I may deduce a contrary inference. Singularly enough, all crystals belonging to the cubic, tessular, or regular system, are incapable of splitting a ray of light in two, thus indicating *symmetry of force*, while *symmetry of form* is characteristic of all crystals belonging to this tessular cubic or regular system, the forms of which system being the *cube, tetraëdron, regular octoëdron, rhombic dodecacëdron*, and *trapezoëdron*.

A consideration of these facts leads us on to some very beautiful speculations: knowing that a crystal will not split a ray of light in two, we may infer that such a crystal belongs to the cubic system; and *vice versâ*. So far as relates to crystalline bodies, it would appear that form, degree of cohesive force to produce the form, and optical effects—are mutually indices of each other; seeing that a body possesses *crystalline* symmetry, we may infer that its cohesion is everywhere equal; but how can we learn whether a non-crystalline transparent body be possessed of equal cohesion or not? Why easily enough, provided only our previous deductions be correct. Ascertain whether such a body will doubly refract, or split in two, a single beam of light: if this take place, we may infer that such a body is not held together by a cohesive force which is equal in all directions; in other words, that it is *of equal density in all its parts*. As a practical example of this series of inductions, I may mention a problem which frequently has to be solved. It is very difficult to obtain large object glasses of telescopes equally dense in all their various parts: yet every variation, in regard to this property, detracts from their value. Now we have very simple means of ascertaining this: we have merely to see whether such a lens doubly refracts light, or the contrary, and the problem will be immediately solved. It is true that such uncrystallized bodies do not possess a well-defined doubly refractive power like crystals, and consequently the experiment alluded to is incapable of being performed, in the manner our description would seem to indicate; but the variation being *differential*, not *essential*, and the means of investigation being practically easy, my illustration tending to prove the value of crystallographical knowledge remains unimpaired; and I purposely defer the mention of all details connected with this experiment until a future opportunity. There are even certain crystals which cannot be satisfactorily classed by their mere external appearance. Thus the mineral boracite *(borate of magnesia)* crystallizes in cubes, which, however, are remarkable for an anomalous replacement of the opposite solid angles by triangular planes. An optical examination of this substance proves that it does not belong to the cubic or regular system; because it doubly refracts, and merely appears cubical from the accidental circumstance of its rectangular axes being exactly equal to each other.

Hitherto we have regarded crystals under two points of view merely, *i. e.*, those which possess three equal rectangular axes, and those which do not; indeed the *most important* deductions may be arrived at without studying the subject more deeply. But now a few words relative to the other systems. By referring to the table, it will be seen that the next two systems of Weiss, namely, the *rhomboidal* and *right square prismatic*, possess one optic axis; *i. e.*, they doubly refract in all positions but one: the optic and crystallographic axes, moreover, are coincident. The three remaining systems, viz., the *right rectangular prismatic, oblique rectangular ditto, and doubly oblique ditto*, possess *two optic axes*, which do not correspond with any axis or prominent line on the crystal, but are in such positions as indicate them to be *resultants of the crystalline aggregate forces*. Under the head of *light*, this subject will be further developed.

WOUNDS.

By W. T. KAY, M.E.S.L, &c.

A WOUND may be defined to be a recent solution of continuity in the soft parts, suddenly occasioned by external causes, and attended at first with more or less hæmorrhage.

Wounds are distinguished by surgical writers into several kinds: viz.—*Incised, punctured, contused, lacerated poisoned*, and *gunshot wounds*. They also make another equally important division into *wounds of the head, throat, thorax, abdomen, extremities*, &c.

Wounds in general are subject to considerable variety in their nature, degree of danger, facility of cure, and the consequences which are to be apprehended from them. Some wounds are quite trivial, not extending more deeply than the skin and cellular tissue; while others are very serious and dangerous, penetrating the fascia, muscles, tendons, large blood-vessels, nerves, and viscera. There are also certain wounds which are not confined to the soft parts, but injure even the bones, such as many sabre-cuts, which frequently separate at once both a portion of the scalp and the subjacent part of the skull. Many wounds of the head, chest, and abdomen, injure the organs contained in those cavities. In short, the varieties, and degree of danger attending wounds in general, depend very much upon some of the following circumstances: The extent of the injury; the kind of instrument with which it has been inflicted; the violence which the fibres of the part have suffered, in addition to their division; the size and importance of the blood-vessels and nerves which happen to be injured; the nature of the wounded part, in respect to its general power of healing favourably, or not; whether the operations of the system at large, and life itself, can well be supported, or not, while the functions of the wounded part are disturbed, interrupted, or suspended, by the accident; the youth, or old age of the patient; the goodness or badness of his constitution; and the opportunities which there may be of administering proper surgical aid and assistance of every kind.

All wounds of considerable size or depth, not producing immediate death, are followed by more or less disturbance of the whole constitution; by fever, which, on account of its being an effect of the local injury, is sometimes called *traumatic*, or *symptomatic*, or *sympathetic*, in consequence of its being, as it were, the sympathy of the whole animal economy with the wounded part. It is likewise frequently called *inflammatory* fever, as being a constant attendant on severe inflammation.

Incised Wounds.—An incised wound is a wound made with a sharp-cutting instrument—a mere incision; is attended with less hazard of dangerous consequences, than any other kind of wound whatsoever. The fibres have only been simply divided; they have suffered no contusion, nor laceration; consequently, they are less likely to inflame severely, or to suppurate, or slough, and they commonly admit of being united again in a very expeditious manner.

Generally, simply incised wounds bleed more freely than contused and lacerated ones, which at first sometimes scarcely pour out any blood at all, although considerable blood-vessels may be injured. But this circumstance, apparently diminishing the danger of contused and lacerated wounds, is deceitful, and serves rather to render the case in reality more perilous, by inducing the inexperienced practitioner to be off his guard against hæmorrhage.

In a recent simple incised wound, there are three objects which the surgeon should endeavour to accomplish without the least delay. The first, and that which requires his immediate interference, is the bleeding, which must be checked; the second is the removal of all extraneous or foreign bodies from the wound; the third is the reunion of the opposite sides of the injury.

When the divided vessels are not above a certain size, the bleeding soon spontaneously ceases, and no surgical measures need be taken on this particular account. When the wounded vessels are even somewhat larger, and their situation is favourable for compression with a bandage, it is often advisable to close the wound and apply compressers and a roller, rather than have recourse to ligatures, which always create a certain degree of irritation and suppuration. Whenever the wounded arteries are above a certain magnitude, tying the bleeding vessels is the only safe mode of proceeding. When the artery is of considerable size, and its mouth can be readily seen, the most proper instrument for taking hold of it is a pair of forceps, or a tenaculum.

Fine ligatures, of sufficient strength, are at present often applied, as well to large as small vessels—an improvement, to the establishment of which the experiments of Dr. Jones, and the practice of Dr. Veitch, in the Plymouth Hospital, materially contributed. The half of each ligature should always be cut off close to the knot, before the wound is closed. The method of cutting off all the ligature, except what forms the noose immediately round the artery,* is advisable only in cases where the wound has no chance of uniting by the first intention.† The experiments of Mr. Crosse tend to the following conclusions:—

First. If the wounds do not unite by the first intention, the ligatures may escape with the discharge, without any inconvenience.

Secondly. If common ligatures of twine are cut short, the wound may unite over them, and they may be found in abscesses after an interval of many weeks.

Thirdly. If the finest dentist's silk be employed in the same way, and the wound unite over it, the ligature may be detached from the vessel, and remain burried in an abcess, where it will be found at different periods, from one to seven months; and this may happen whether the vessel be firmly compressed with a single ligature, or divided between two ligatures, so as to imitate the circumstances under which vessels are tied after operations.

Fourthly. If Indian silk, fine as hair, be put round a vessel, so as to diminish its diameter, or to effect its obliteration, by just compressing its sides together, it may remain in this situation without exciting abscess, or producing any inconvenience. The ligature may be thus applied to compress an artery for the cure of aneurism, but not to secure vessels divided in operations. If a thin ligature be drawn sufficiently tight upon a vessel in the face of a stump, to be secure, Mr. Crosse is persuaded, that the extremity of the vessel, which becomes insulated, as it were, must die.‡

The bleeding having been suppressed, the next object is to remove any extraneous matter, such as gravel, bits of glass or china, clots of blood, &c.,

* Lawrence in Med. Chirg. Trans., vol. vi., p. 156.
† Guthrie on Gunshot Wounds, p. 94.
‡ Lond. Med. Reposit. vol. vii., p. 362.

from the wound. If this were neglected, union by the first intention would generally fail, and abcesses follow; or, if there were union, it would keep up pain in the part, and interfere with its functions. Bits of glass left in the hand are often found to produce such consequences; and, if not extracted at first, they sometimes become difficult to find and remove at a later period.

As soon as attention has been paid to the foregoing indications, the surgeon must put the lips of the wound in contact, and take measures for keeping them in this state, until they have grown firmly together. The sides of incised wounds are kept in a state of opposition by means of adhesive plaister, a proper position, the pressure of a roller, and, in some instances, by the employment of sutures.

With respect to sutures, as they create pain, irritation, and some degree of suppuration, they ought never to be employed when the parts can be kept steadily in contact without them; however, certain cases require them; and it is admitted by many experienced surgeons, that in sabre wounds of the ears, eyelids, nose, and lips, it is proper to use them.*

The period most favourable for, and at which immediate union of a wound takes place, the situation also in which it does so most readily and certainly, ought to be well considered and understood by every medical practitioner.† So long as oozing of blood continues, no purpose can in general be answered by pulling the divided surfaces into close contact. If this practice be pursued—if the parts be tightly drawn together, plastered, bandaged, and huddled up, the blood which oozes away from the smaller vessels is necessarily prevented from escaping. The consequence must be infiltration of the thin and loose open cellular tissue around, the distension of the cavity of the wound, and the separation of the surfaces, certainly of the deep-seated parts, and very probably of the whole; a profuse, bloody, and putrid discharge must ensue, and this will be certainly followed by wasting suppuration from a foul cavity, which will be long in taking on a healthy action.

Mr. Liston finds great fault with the usual mode of dressing wounds, and recommends the application first of cold water dressing, and afterwards a poultice of bread and water, or, what is much to be preferred for its simplicity, lint of a thick texture, and of sufficient size to cover the wound, soaked in tepid water, and that overlaid with an ample piece of oiled silk, to prevent evaporation. The practice of union by the first intention is generally adopted, both in the treatment of accidental cuts, and in that of wounds resulting from surgical operations. Thus Assalini, one of the best surgeons in Italy, began his Manual of Surgery with the following axiom:—"Wounds and injuries of soft parts, produced by cutting instruments, from the trifling wound of a vein made for the purpose of discharging a few ounces of blood, to the incision of the uterus for the extraction of the fœtus, inclusively, should all be united by the first intention."‡

The interrupted suture, which has generally been recommended in large wounds, is still in use, but seldom proves equal to the intention.

(To be continued.)

TO CORRESPONDENTS.

Books Received:—

The History of Syphilis, and its Cure without Mercury. By Dr. Weatherhead.

The Present State of Aural Surgery. By J. H. Curtis, Esq.

A valued Correspondent writes in reference to the Inquest we gave last week:—"In a case like the present, where the reputation, nay the life, of a fellow-creature is in danger, I think that the inquiry cannot be too rigid; I therefore wish to know particularly if the contents of the stomach were examined, because however small the quantity, it may always be detected by precipitating with the acetate of lead, and washing the meconate of lead thus prepared, and then decomposing it by sulphuric acid; meconic acid is thus set free, and readily detected by a solution of perchloride of iron."—Perhaps one of our friends at Langport will answer our Correspondent's important query. Another gentleman, writing on the same subject, considers that "Godfrey's Cordial," which appears to have been administered previously, had its share in producing the fatal termination.

O. S. R. *sends us a novel specimen of teaching operation for Femoral Hernia:—*

When you intend to operate,
To make it beneficial,
Th' integument you will divide
With fascia superficial;
Then, next, the fascia cribriform;
Immediately beneath
Is seen the fascia propria,
Sometimes call'd the sheath.
The crural septum next you find,
And peritoneal sac;—
When these are all divided,
You may push the bowel back.

To which he adds the following case of

"DOUBTFUL DIAGNOSIS."

Said a patient to an oculist,
"How very bad my sight is!"
Do tell me where the eye is *wrong*;
"I think," said he, "*Iritis*" (eye *right* is).

Dr. W. S., Borough, *will hear from us in the course of the week.*

Drs. Ha—, T. A. B., G. W., Messrs. F. G. H., and H. A., *Edinburgh*, Messrs. H. W., J. A., T. W. K., *Paisley*, Drs. M. H— B—, and E. K., *Dublin*, Mr. B., *Bridport*, Mr. A. H., *Barnstaple*, Dr. W., *Exeter*, Mr. T. K., *Carlisle*, Dr. H. *Newcastle-on-Tyne*, Mrs. K. B., *Jersey*, Dr. S., *Ballyshannon*, safely *received.*

We cannot insert 'Justitia.' *Before making public such statements* justice *suggests that we should have our informant's name? We do not love half services in the name of Justice.*

M. A. *asks who claims the merit of discovering the operation for Squinting? We answer,* Medici certant—et adhuc sub judice lis est. *Velpeau attributes it to a certain Dr. T. (supposed to be Taylor), who travelled through France, about* 1740, *as a charlatan of the first water, and certainly operated for Squinting.*

Dr. M., Mr. H. W., Mite, Greenhorn, Maestus, *are thanked for their communications, which we are obliged to decline. They are left for the parties at our Office.*

We are obliged to postpone Dr. Humilton Roe's concluding Clinical Lecture before Christmas, till next week.

We published the Title-page and Index of Vol. IV. with our last Number.

* Assalini's Manuale di Chirg. Parte Seconde, p. 10.
† Liston's Prac. Surg., p. 28.
‡ Manuale di Chirurgia; Discorso Primo.

THE MEDICAL TIMES.

Saturday, November 20, 1841.

Nil desperandum Teucro duce, et auspice Teucro.

In our Report of the admirable meeting of the North of England Medical Reform Association, we gave the brief headings of Mr. Morrison's petition for an amended Anatomy Act, with a more lengthened outline of the excellent remarks with which that honest reformer prefaced his motion. We this day give the whole petition, and solicit our readers' best attention to its very important statements.

The starting point—the whole course, indeed, of Mr. Morrison's proposition, is the notorious failure of Mr. Warburton's Bill. "I have no hesitation," he declared, "in stating, that the present act has not provided a supply of bodies at all adequate to the requisitions of medical science, and that our schools of medicine have been in consequence crippled, and the education of Medical Students grievously impaired." Mr. Potter, the seconder of the motion, joining in the same sentiments, emphatically expressed the opinion, "that unless an alteration were speedily made in the act, lecturers would soon have no bodies at all; and that throughout the whole country there was now so great a deficiency, that the study of Anatomy was all but neglected."

These are grave, and to those removed from the immediate sphere of observation, perhaps startling statements; but we are ourselves receiving, from all parts of the country, the strongest attestations of their truth. On this side, pupils are complaining to us of the dearness of subjects, and their scarcity at any price; on that we have lecturers murmuring at their unfair distribution—every species of influence, they say, being exercised by rival claimants to obtain a preference. Here, anatomical courses are interrupted, according to our accounts, because there are no bodies; there, Neophytes are emigrating to France for those advantages of dissection they cannot find at home. Our own experience, supported by inquiries far from inconsiderable, is obliged, unfortunately, to lend its weight in corroboration of our correspondents' statements, and even shadows out more than a suspicion of dark practices which we thought had disappeared for ever with the high premiums that first called them into existence.

Such, then, is the short view of the case. The Anatomy Bill of 1833 has become a dead letter. The march of medical science is again impeded—the beastly practices of the resurrectionists are revived—the horrors of a Hare, a Bishop, and a Burke, are again imminent!

What then shall be done? We say at once address Parliament. Let Mr. Wakley be our medium. There are many reasons why our choice should fall on him.

First: He is the only medical man in the House, the only member that can lay claim to even a nominal connection with us; and with even *one* of our body in the House, that one, *even Mr. Wakley*, we should still think it a disgrace to him, an insult to us, if any neglect on our side or false heartedness on his, allowed a duty *of this kind* to fall into lay hands.

Secondly: We are sure of Mr. Wakley in this case, on the mere principles of common decency. Mr. Wakley owes every thing to the medical profession. Without sufficient medical knowledge to give him a chance of practice, and without capital to offer a possibility of success in general trade, he must have sunk into the lowest grade of society—unknown, perhaps, save for *manual* dexterity or ingenious chicanery—if the profession had not come forward in an eleemosynary spirit, and met his early and humble efforts to serve them with a kindly and generous support. They came to his aid under the difficulties arising from his connection

with the Lancet. They generously joined to rescue him, from what we sincerely believe to be the undeserved obloquy heaped upon him for the accidental destruction of his drug-shop by fire. They were mainly instrumental in helping him into Parliament on the shoulders of the confiding electors of Finsbury. They were the sole cause, by their still unexhausted subscriptions and labours, in returning him to the usefully lucrative office of Coroner; and in short so numerous are the favours showered by our profession on this favoured member, that whatever distinguishes him in the way of wealth from the Apothecary of Mantua, may, without the suspicion of exaggeration, be fairly considered as our gift.

A third reason for intrusting this matter to Mr. Wakley is, the opportunity it will afford him of redeeming his character with the profession. Long as he has been in Parliament, through the means of the profession, we have received as yet from him no one effective service. He has talked much *at* the profession, *to* the profession, and *of* the profession, but to what account —if we exclude himself from the calculation—neither the chronicles of the profession, nor those of Parliament, say anything.

We are anxious, then—and in a sincere spirit—that he should be allowed a last opportunity of redeeming himself—that late as is the hour, he should be invited once more to take an earnest share in the labours of the professional vineyard. Our readers know that we entertain little respect either for the private or public character of the Honourable Member—we have never disguised our utter disgust for the want of principle, which, as far as we can learn, equally characterizes both—but remembering that as an active member of that assembly, whence alone can be obtained the enlightened changes the profession are panting after, he might become a useful exponent of our wants and wishes—we cheerfully sacrifice our personal objections at the shrine of professional good, and should feel sincere pleasure if our remarks, or the Honourable Member's own sense of duty, should engage him to take that part in reference to the Anatomy Act, which if performed satisfies the rightful expectations of the profession—if neglected, classifies him for ever, with damning fame, in the category of those

> "—— who have no fault but *one*,
> All other vices pass for virtues in them."

If the various Medical Reform Associations, or the heads of Medical Schools, have a right sense of the true nature of their duties—and we have reason to know that most of them have—THEY WILL IMMEDIATELY PUT THEMSELVES IN COMMUNICATION WITH MR. WAKLEY. A little gentle pressure may be of service. The Chartists affect to express a horror, not less strong because superstitious, of the examination of the human body for the advancement of a knowledge so essential to their own health. Remembering the Honourable Member's recently renewed coquetry with them, as evidenced by his *uninvited* attendance at the mason's strike, and smaller Chartist meetings, we know not how far he may be inclined to go in the way of propitiating them.

THE ANATOMY ACT.

THE following is the excellent petition drawn up by Mr. Morrison; we recommend it as a model to all our medical friends:—

To the Honourable the Commons in Parliament assembled.

The humble Petition of the President and Members of the North of England Medical Association assembled in the city of Durham.

Sheweth,—That your petitioners are impressively convinced, that without a well-grounded and minute knowledge of the structure and functions of the human frame—a knowledge only to be acquired by frequent and careful dissections of the human body—the physician and surgeon are incompetent, with benefit to the public, to practise their respective professions; that, wanting such knowledge, their art is a fearful instrument of danger in their hands; and that, moreover, the advancement of the science of medicine is, in a great measure, if not wholly, dependent on the discoveries made through human and comparative anatomy.

That your petitioners, therefore, deeply deplore the limited means of acquiring the amount of anatomical knowledge indicated, afforded them by the 2d and 3d Wm. IV., cap. 75, commonly called the Anatomy Act, and humbly approach your honourable house with a prayer for such amendments in it as will remove the grievances complained of.

The English students in medicine, aware of the many difficulties which, under the operation of the Anatomy Act, beset their path, are compelled to abandon the superior instructions and practice of their native teachers, and to resort to such continental schools as are provided, by the law of the land, with sufficient means for prosecuting this most important branch of medical science.

That your petitioners humbly refer your honourable house to the 7th clause of the act in question, which provides, "that any person having lawful possession of a deceased body *may* deliver up the same for dissection, unless the deceased person, previously to his death, shall have otherwise by will disposed of his body, or unless the said body is subsequently claimed by a known relation."

That in reference to the above clause, your petitioners humbly beg to point out to your honourable house that cases frequently arise when it is difficult or impossible to define who is the lawful possessor of the body, and that not only does inconvenience and danger of violating the statute result to the licensed teacher of anatomy from such ambiguity of expression, but the ambiguity is taken advantage of by persons prejudiced against dissection, to elude the intention of the statute. That instead of a discretionary power being given to persons (not relatives) having lawful possession of dead bodies, your petitioners humbly suggest that the requirements of the anatomical students make it imperatively desirable that it should be compulsory on such persons having lawful possession of a body, to deliver up the same when demanded by a licensed teacher of anatomy.

That your petitioners urge the above alterations—

1st. Because it would amply provide for the requirements of the anatomical student.

2nd. Because the compulsory enactment, while it would materially advantage the living, would in no wise prejudice the dead; and that, inasmuch as no relatives would survive a body so disposed of, no objection could be urged against the change on the score of violation of feelings.

3rd. Because it would remove from the shoulders of public functionaries, who, for the most part, hold possession of unclaimed bodies, the responsibility of a discretion which they universally fear to exercise.

That to facilitate the operation of the act under the proposed change, your petitioners humbly point out that a clause should be inserted to provide for the immediate removal of unclaimed bodies to a public dead-house, whence they may be removed, whether to the burial-ground or dissection-room, without public observation.

That your petitioners regret the general ambiguity in the construction of the Act, and humbly pray that your honourable house will remove from it all contradictory instructions, and render its provisions lucid and intelligible.

That your honourable house will delegate to the several registrars of births, deaths, and marriages, residing in districts where anatomical schools exist, or the inspector of anatomy, where such officer has been appointed, authority and power to give timely notice to the teacher of anatomy, licensed under the seal of her Majesty's chief secretary of state for the home department, of the death of any unclaimed person, and to remove the body of the same to such central dead-house as shall be appointed, for the disposal or otherwise of the aforesaid teacher of anatomy.

That your petitioners, although practitioners in medicine, are perfectly sensible of the fact, that between the public and themselves there is an identity of interest; that no possible good can be sought by them, which can possibly operate to the disadvantage of the public; and that, in seeking the measure of reform detailed in the petition, they have no selfish, no mercenary object in view.

And your petitioners will ever pray, &c.

CORRESPONDENCE.

To the Editor of the 'Medical Times.'

SIR,—Your Correspondent, a Country Practitioner need not have been so reserved in declaring the Union, and the names of the parties who disgraced themselves by offering their joint services as medical officers for the salary proposed by the guardians to be given *one* medical man, as the "Medical Press," and "Cork Constitution" contained the report of the proceedings on the occasion. The Union was Bandon Co. Cork, the *conjoint* candidates for *forty-five pounds* per annum for the performance of the most arduous duties, were Messrs. Hayes and Ormston—and the medical guardians, who voted against the qualified candidate was Dr. Beamish, one of the oldest practitioners in the Union, and a member of a medical society for thirteen years, to which the successful candidate has been secretary for the same period.—Your honesty of purpose demanded this explanation, on the truth of which you may depend.—Yours most sincerely,

PHILO-MEDICUS.

Cork, November 10, 1841.

[We feel very much pleased in making the world acquainted with the gentlemanly proceedings of this respectable trio. We trust their neighbours will show their approbation of their revels by im-

mediately paying the expenses of their transmission to Coventry. No other place can stand the lustre of such generosity.—Ed.]

EXTRACTS FROM FOREIGN JOURNALS.

EXPERIMENTS PERFORMED AT FLORENCE, BY M. ORFILA.

A Florence journal having annouuced that M. Orfila was going to explain to the *literati* of that city, the principal results of his labours on arsenic, on the 7th and 8th of last month, a numerous auditory, including the Prince of Canino, and a number of eminent professors and Italian physicians, assembled in the amphitheatre of the School of Medicine. On the evening of the 6th, M. Orfila had poisoned a dog with 15 centigrams of arsenious acid, dissolved in water. On the 7th, at nine in the morning, the animal being dead, Professor Zanelli removed the liver, which was immediately divided into little bits and given to M. Taddei, the professor of organic chemistry, and his assistants, to be operated upon. The viscus was well pounded with nitrate of potass, and dried by a gentle fire, and then incinerated in a crucible of Hesse, according to the process proposed by M. Orfila. As soon as the combustion was finished, the incinerated mass remaining in the crucible was decomposed by pure sulphuric acid with the aid of heat, and then dissolved in water. The liquor was preserved to be subjected, on the next day, to the action of zinc, water, and sulphuric acid in Marsh's apparatus. These experiments were performed by M. Sottini and several assistants. Three hours of this day's labour were besides devoted to describing Marsh's apparatus as modified by M. Orfila, compared to that first invented by Marsh; to preparing the arsenical and antimonial stains; and to describing the differences existing between these stains and many others with which they might be confounded. The various processes of carbonization, and of destruction of the organic matter, were produced with great care. Nothing relating to the possible adulteration of the re-agents, and to the means of ascertaining whether they contained arsenic or not, was neglected. On the 8th, M. Orfila showed that the liquor, prepared the evening before with the nitrate of potass, furnished arsenic as soon as it was introduced into Marsh's improved apparatus; in about an hour, there appeared large arsenical stains of a brown and brilliant colour, at the same time that a ring of metallic arsenic was condensed in the part of the tube heated by the alcoholic lamp. This process being terminated, M. Orfila examined alternately the different questions relating to arsenic itself, to the earths of cemeteries, and to the arsenious oxides of iron. He particularly dwelt on the means of ascertaining whether the arsenic contained in the viscera arises from an arsenical compound introduced into the stomach during life, or whether introduced after death, and carried to the surface of the organs by the effect of cadaveric imbibition. Reverting afterwards to the few scientific objections lately raised at the Royal Academy of Medicine by M. Gerdy, he did them not the less justice, because he was addressing himself to an enlightened and not impassioned audience. He passed in silence over all that offered a personal or injurious character in the discussion at the Academy.

He finally terminated this long sitting by the exposition of some new ideas in the treatment of poisoning by arsenious acid. After acquainting them with his new researches on the efficacy of diuretics, he opposed with energy the employment of tonics so much extolled by Rasori, and especially by Giacomini. He showed that the results, obtained in Paris by administering excitants to dogs poisoned by arsenious acid, were insignificant and without weight; and he referred to the experiments tried lately on horses before the commission of the Academy of Medicine; experiments which leave no doubt of the inefficacy of the excitant method. Finally, the Academy of Medicine, said he, has never given its assent to such a mode of treatment, and any one who has impressed you with this idea, has deceived you.

It is unnecessary to say that the experiments of these two sittings confirmed M. Orfila's assertions; and our readers will not be surprised to hear that they were followed by unanimous and reiterated exclamations of applause.—*Gaz. Med.*

LITHOTRITY.

M. Guillon has invented an instrument, to be used in this operation, by means of which we may empty the bladder, and consequently extract all the fragments of a calculus, without being obliged to withdraw it. By this invention, we can break up the whole of the stone even when of a large size, in a single sitting.

EXTRA-UTERINE FŒTATION.

M. Blache mentions the case of an old woman of 70, who died of peritonitis. She had a tumour in the right iliac fossa, which had been considered of a scirrhous nature. Dissection showed it to be a fœtus, ossified and doubled up upon itself. It had probably existed there for thirty years, for it was then that the patient first perceived the swelling. M. Blache was not able to determine the precise situation of the fœtus, or to ascertain whether it was contained in the tube, in the ovary, or deposited in the peritoneum.

DOUBLE ECTROPIUM.—ATROPHY OF ONE PAROTID GLAND, THE EXCRETORY DUCT OF WHICH WAS OBLITERATED.

M. Berard mentions the particulars of an interesting case which came under his care. He removed, nearly two years since, a cancer of the right cheek, in a woman. The disease extended as deep as the cheek bone, and to the masseter muscle exclusivcly. The duct of Steno, involved in this morbid mass, was removed with it; no fistulous opening followed, and the patient became perfectly cured. But retraction of the cicatrix succeeded at the end of several months, and drew the eyelids outwards, and caused their eversion. To remedy this double ectropium, M. Berard used a process not hitherto employed. He made a vertical incision at the distance of a centimeter from the external angle of the eyelids, and three or four centimeters in length; the internal lip of the wound was detached from the cheek bone, to which it adhered, and the external angle of the eyelids now being free, was gradually moved inwards, so as to cause all traction of the eyelids outwards to cease. Then, to prevent the reproduction of the ectropium, M. Berard took a narrow strip of skin from the temporal region, and placed it in the vertical wound which he had made outside the eyelids. The operation was successful, and the ectropium gradually but completely disappeared. This woman sunk under an internal organic affection many months after undergoing the autoplastic operation of which we have spoken. On subsequent examination, this strip of skin appeared not at all shrunk; it was so accurately placed within the adjoining parts, and so even with them, that it was necessary to look very close to perceive its point of union. Still it differed in this respect, that on its under surface there was no adipose tissue, but only a thickish layer of very vascular cellular tissue.

As it was interesting to know what had become of the parotid gland, an examination of its region was made, and displayed, instead of the glandular grain-like bodies, a yellowish tissue bearing a greater resemblance to adipose tissue than to that of the salivary organs, and being only a third of the normal size of the parotid. Thus, in consequence of the section of the duct of Steno, there was produced, instead of a salivary fistula, an atrophy, with transformation of the tissue of the gland, the excretor duct of which had been obliterated.

CURE OF SEVERAL FRACTURES OCCURRING SIMULTANEOUSLY IN THE SAME INDIVIDUAL.

M. H. Larrey, jun., received a man in the Clinical Hospital, about two months ago, for a very complicated accident.

This man was a bricklayer, upwards of 40 years of age, and fell from the roof on to the pavement.

Besides the immediate effect of the concussion, several bruises on different parts of the body, and a superficial wound on the head, this man had a fracture of two ribs, a fracture of the middle third of the left radius, a double fracture of the right humerus in its superior and inferior thirds, and a complete fracture of the right femur at the base of the great trochanter.

An antiphlogistic and revulsive treatment was adopted, the immovable apparatus applied immediatcly to each of the fractures, and when they were successively removed, there was found a perfect consolidation of the ribs, the radius, the humerus, and the femur, without any other deformity than a small prominence of the great trochanter, and a slight shortening of the thigh, with inclination of the limb outwards.

The leg of the same side had moreover been previously fractured by a fall, and this man had already met with a similar accident four times.

OBSERVATION ON THE EFFICACY OF STRYCHNINE IN THE TREATMENT OF CHOREA OR ST. VITUS'S DANCE,

By Dr. Foulhioux, Physician of the Hotel-Dieu of Lyons, &c.

Chorea, or St. Vitus's dance, when abandoned to itself, has an uncertain duration, and may be complicated with other affections. Thus, various means have been employed in the treatment of this affection, from the time of Sydenham, who had recourse to the alternate use of blood-letting, purgatives, and soothing remedies, down to that of Dr. Mérat, whose pills of nitrate of silver, camphor, musk, and opium are used by many practitioners. A certain number of the medicines employed had been administered to no purpose, when the idea struck me to recur to strychnine for the subject of the following observations; we shall see that success has answered my attempt.

Case.—B. Bailly, 13 years of age, born and residing at Porcieux, was admitted in St. Charles Ward. He presented the symptoms of an intense chorea, with which he was seized six weeks before. The fright occasioned by being whipped by the master of the village school was considered by the father of the child as the cause of the disease, the symptoms of which quickly appeared in full force.

The limbs were agitated by irregular movements, which almost prevented his walking. The child could only convey food to his mouth after effecting a series of extravagant contortions. Stuttering and convulsive movements of the lips existed. Speech, always difficult, was often suspended. Sleep induced a com-

plete immobility, thus giving to the disease an intermission, which is one of its characters.

From the 10th of July, 1838, the day of his entrance into the Hotel-Dieu, up to the 20th of the same month, he took two of Mérat's pills every day, as well as an infusion of valerian and leaves of the orange-tree. Notwithstanding this treatment, the patient remained in the same state.

On the 21th of January, 1839, the medical direction of St. Charles Ward having been confided to me, I ordered a draught composed of sulphate, quinine, musk, and syrup of valerian, lavement with assafœtida; antispasmodic plaister over the abdomen.

January 25. Repeat the lavement.

26th. No alteration.

I then had recourse to pills with a twelfth of a grain of strychnine in each, and one grain of conserve of hips.

January 26, 27, and 28. The patient has taken each day two of these pills, one night and morning.

The strychnine produced no appreciable effects the first two days following its use.

The following day he had a gradual exacerbation of the symptoms of the disease, and there appeared a furfuraceous dartre over nearly the whole of the body.

During the night of the 28th and 29th, the child had such violent muscular contractions that he was twice thrown from his bed on to the floor. The nurse told us in the morning that she thought several times that the patient was dying.

When we saw him at our visit in the morning, he still had convulsions, but not so strong. I discontinued the strychnine, and prescribed a simple soothing draught.

January 30th. Not only had the convulsions of the night ceased, but the movements of the chorea had remarkably diminished; they became gradually weaker up to the 4th of February, when they had altogether ceased.

The patient was attended to the 5th of March, on purpose to prove the perfectness of the cure, as well as to combat an acute arthritis, which without any apparent cause attacked the radio-carpal articulation.

The efficacy of the strychnine has to me appeared evident in the preceding case. Is this treatment always suitable? I think, 1st, that we could entertain but little hope of its success if the disease is of long standing; 2ndly, that we should overcome the complications, whether chlorotic, inflammatory, or that with worms; 3rdly, we should abstain from the strychnine, if at the same time there existed a mesenteric disease of the great splanchnic nerve.

We have seen the report as to condition of the patient between the change in the state of the disease and the appearance of a general furfuraceous dartre. Would this circumstance be favourable to the opinion of Sydenham, who contended that the organic cause of chorea was an acrid principle irritating the nervous centres? This opinion, transferred into modern physiological language, might be supported by many observations of Dr. Frichard, relative to the alterations of the nervous system in chorea. The post-mortem appearance pointed out in these observations, was a serosity more abundant than in the normal state, in the spinal arachnoid membrane, a sanguineous injection beneath, and sometimes an albuminous deposit between the two layers of this membrane.

Had the means used before the strychnine, in our patient, contributed towards the cure? We might instance a case of Dr. Priou's in a girl seven years old, who was cured in fifteen days by Mérat's pills, two of which were given in the course of the day. This child had at first taken different antispasmodics and tonics without benefit. Now, the youth Bailly, whose case we have communicated, had, during ten consecutive days, taken these same pills before the employment of the strychnine. But I think that we can scarcely hesitate to give the merit of success to the strychnine, after the rapid restoration of health which followed its administration, and considering the stationary condition of the patient during the employment of the other medicines.

Might we have succeeded by any other treatment? Among the means the alternate use of which has been proposed by Sydenham, purgatives, soothing drinks, or blood-letting, have been sometimes simply employed by practitioners. We find in the Annales Physiologiques (Jan. 5th, 1815,) a case of the employment of large blood-lettings in chorea. Upon the complication of a gastritis, no doubt slight, since the author of the observation merely mentions this complication without describing it, three hundred and eighty leeches were applied, during only three weeks, on the epigastrium, the occiput, and along the spine, in a child fourteen years old, of a nervous temperament, and in whom the disease supervened on performing some labour beyond his strength; he was cured in four weeks. Thus, compared with the energetic treatments which might succeed, that by strychnine does not require so much time, nor does it give rise to so much fear for the ultimate health of the patient.

If any supplementary means be used with the strychnine, I think we should try electricity, which succeeded four times out of five with Dr. Golding Bird, in England; but we have not always an electrical machine at hand.

What has been the modus operandi of the strychnine in our patient? Is it in causing a modification analogous to that giving rise to the disease, or in producing a disturbance of the system which has caused the diseased state of the nerves to disappear? I do not know which of these hypotheses is the better; however I should say that it was the first which suggested to me the idea of treating the youth Bailly by strychnine.

APOTHECARIES' HALL.

LIST OF GENTLEMEN WHO HAVE RECEIVED CERTIFICATES.

Thursday, September 23, 1841.

E. Bayley, Cheswardine; J. T. Keal, Oakham, Rutland; W. Conner, London; R. G. Atkinson, Earswick; J. Machill, Batley, Carr, York; M. N. Bower, London; R. Purdie, Edinburgh.

Thursday, September 30.

W. L. Nash, Leatherhead; R. R. Perry; J. T. N. Lipscomb, St. Alban's, Herts; E. D'Auvergne, Guernsey; J. F. Knighton, Dawlish, Devon; J. Deighton, Cambridgeshire; J. Steel, Edinburgh; N. H. Clifton, Islington.

Thursday, Oct. 7.

J. Dowling, Liverpool; R. W. Read, Salisbury, Wilts; W. F. Tuckett, Bath; G. B. Portus, Bath; J. M. Cockeroft, Knutsford; J. Wilson, Doncaster.

Thursday, Oct. 14.

J. T. Fletcher; J. Andrews, Wernham, Dean; E. E. Hooper; R. Gilling, Launceston; J. Whaley, Bradford, York; J. B. Tulloch, Teignmouth, Devon; A. Emson, Shalford, Essex; R. Buchanan, Pontefract; W. Pocock, Brighton; J. Burley, Guernsey; J. Lambe, Painswick, Gloucestershire.

Thursday, Oct. 21.

J. Jones, Mould, North Wales; J. W. Perrin, London; A. H. Hassall, Cheshunt, Herts; A. T. Willmott, Ross, Herefordshire; J. G. Swayne, Bristol; D. Morgan, Neath, Glamorganshire; W. G. Gregory, Sunderland.

Thursday, Nov. 4.

Richard Willis, Plymouth; W. T. White, Richmond, Surry; C. Mott, Reading, Berks; T. Thexton, Barnsley, Yorks.; W. A. Grigg, Barnsbury, Wilts; R. Wood, Middleton, York; R. S. Tate, West Bolden, Durham; W. G. Marshall, Pitsford, Northamptonshire.

The names of the successful competitors for honours awarded (Nov. 9th) by the Master and Wardens of the Society of Apothecaries:—

Botany.

Examiner—N. B. Ward, Esq.

Mr. W. J. Preston, gold medal, University College.

Materia Medica and Therapeutics.

Examiner—Dr. Copland.

Mr. A. B. Garrod, gold medal, University College.—M. G. Johnson, silver medal, King's College.—Mr. J. Thompson, silver medal, University College.

UNIVERSITY OF LONDON.

Examination for Bachelors of Medicine.

There were twenty-one candidates, of whom the following eighteen passed:—

Blake, James	University College.
Carlile, J. B.	Ditto.
Parkes, G. A.	Ditto.
Pother, J. P.	Ditto.
Savage, Henry	Ditto.
Sewell, C. B.	Ditto.
Way, W.	Ditto.
Francis, D. J. T.	Guy's Hospital.
Gall, W. W.	Ditto.
Noyes, H. G.	Ditto.
Heaton, J. D.	Leeds and University.
Miller, W. A.	King's College.
Nevens, J. B.	Leeds, Guy's, and Dublin Co. Hospital.
Faley, W.	London Hospital.
Smith, Ed.	Birmingham and Paris, Second Division.
Buheson, H.	Guy's Hospital.
Meryen, E.	University College.
Powell, J.	Ditto.

IMPORTANCE AND ANTIQUITY OF MEDICINE.

Learning and knowledge are not divine gifts, but articles obtainable by all at the expense of time and fortune; and as they constitute the chief source and measure of power and greatness in individuals and states, and are beyond the unaided means of the community, a well-regulated state cheapens these articles, by supporting seats of learning for public use, and by affording judicious encouragement to useful knowledge. The rank and character of professions in a community are estimated by the same standard as those of nations on the globe, and a large portion of the current of human intellect, and of the revenues of all enlightened states, have been directed to the cultivation and advancement of the healing art. That this is due to the high character of its objects, and to the amount of knowledge and accomplishments required for their fulfilment, is apparent from the respect paid to it from the remotest antiquity, and from the early advanced state of this part of learning.

The science and practice of medicine are founded on the actual constitution of things, as we discover them by observation or by reason, and not upon mere arrangements of human convention, like the legal and other professions connected with civil institutions; nor upon the special dogmas of private faith, like the clerical; hence its cultivators have been uniformly regarded as the chief depositaries of all practical wisdom, bearing on the temporal happiness of

our species; and hence, also, the demonstrative evidence of its facts, and the mental culture, and the extensive knowledge of nature acquired by its study. Our knowledge, aequired entirely through the senses, relates chiefly to physical nature and physical man, who, having the most complex and the most delicate structure, is the most liable to derangement and disease of all organised beings; and has, probably, first collected and generalized that kind of knowledge which most immediately related to self-preservation in health and disease.

Among the ancient Egyptians, the Jews and the Greeks, the duties of religion and medicine were united in the same persons, as also with the magi of ancient Persia, and with the Brahmins at present in India, and with missionaries and others among ruder tribes in our own times; so that a notion of something profound, occult, and mysterious has been constantly associated with the practice of our art, as attested by Moses, by Homer, and by most sacred and profane writers throughout antiquity. Hippocrates had extensive practice both as a surgeon and physician, about four hundred years before Christ; he lived to the age of ninety-eight, and wrote voluminous treatises on the most practical parts of surgery, as well as on the intellectual qualifications of medical men, and the most abstract parts of the theory of disease, which are still admired and studied in all seats of learning. The writings of Aristotle are not less replete with most interesting facts in anatomy and physiology, and especially in comparative anatomy.

The account which Herodotus has given of the practice of physic among the Egyptians, long before the time of Hippocrates, shows that at that remote period medical practitioners formed one body, practised one art, were of equal rank, and distinguished by the same appellation, and yet had a greater subdivision of the profession than we have at present, each physician devoting himself exclusively to a particular class of diseases. "In these countries," he says, "the art of physic is distributed into several distinct parts, and every physician applies himself wholly to the cure of one disease only, no man ever pretending to more, by which means all places abound with physicians; some professing to cure the eyes, others the head, the teeth, the stomach, and others the urinary and genital organs."—*Herod.* ii. 84.

The complicated refinements of civilization in the lapse of ages, have, of course, increased the wants and accidents, as well as the enjoyments of our species, and necessitated corresponding advancement in all parts of medicine; and the practitioners of the healing art, by their increased learning, skill, and usefulness, have continued to sustain their high rank and influence in the body politic. Indeed, the history of science shows that the members of our profession have contributed more to the advancement of human knowledge than all the rest of mankind; and if they have seldom followed the paths of ambition in wars and politics, it is because the objects of their pursuits are different from, and of a more sublime character, than the perishable institutions of men. If their achievements are less attractive of popular applause, they are more glorious in the permanent benefit they confer on weak and suffering humanity.

THE LITTLE AUK.—A beautiful specimen of the little auk or penguin was caught alive a few days ago, on the estate of Mr. A. S. Haddeston, of Hutton John, near Penrith. Bewick, in describing the locality of the little auk, says, "These birds are inhabitants of Spitsbergen and Greenland, and are also met with at Newfoundland, where they are called ice-birds; but they are rare visitants of the British Isles."

ON THE CIRCULATION OF THE BLOOD THROUGH THE VEINS.

Is the circulation of the blood through the veins dependant or not upon the action of the heart? It occurs to me that the heart's action or power is lost after propelling the blood through the minute capillary vessels, an opinion corroborated by the experiments of Keill and Hales. The experiments of the former* prove that the resistance offered by the capillaries is equal to nine-fifteenths of the force by which the blood is propelled through the arterial system; and Hales found† that the resistance offered by the capillaries equalled two-thirds of the force by which the fluid was thrown into them. The experiments of the latter consisted in injecting the mesenteric artery of an animal with water, by allowing a column of that fluid four and a half feet in height to press into the artery, having previously divided the intestines along the line opposite the insertion of the mesentery. The quantity of water which flowed from the divided capillaries, amounted to only one-third of the quantity which escaped in the same time when the larger branches of the artery were divided.

Relying upon these experiments, we naturally inquire, if nine-fifteenths or two-thirds, or perhaps more, of the power required for distributing the blood to the various parts of the body is lost at the termination of those vessels, is it not necessary to have a force greater than the remainder to return it to the point from whence it starts originally? In what way, then, is that function performed? It appears to me, by the action of the valves, and the resistance offered by the capillary vessels against the return of the blood into the arterial system, for it is to be supposed that the resistance offered by the capillaries is equally as great (if not greater) on their venous side as on the opposite or arterial, the valves are known to be dispersed in greater abundance the nearer they exist to the capillaries, thereby increasing the resistance offered by the greater weight from above as the great veins immediately surrounding the heart are not accompanied by valves.

The heart, by its action, is continually propelling blood through the capillaries; when arrived at the venous side of those vessels, the resistance offered for its return, is greater than that offered for its passage along the veins. It is thus propelled by the additional flow from the capillaries, until it arrives at the valves, which dilate from the pressure, and yield it a passage, offering, in turn, a greater resistance to return than progression, until the blood arrives at those veins minus the valves, where, by its aggregation, the separated valvular veins offer a resistance similar to that before mentioned, by which means it finally finds its passage into the centre of the circulation again to come under its action and control.

The principal ground-work on which Müller builds his theory, that the circulation of the blood through the veins is dependant upon the heart's action, appears to be from an experiment of Magendie, who applied a ligature to the leg of a dog, (the crural artery and vein not being included). The vein was then tied separately, when it was seen to become turgid below the ligature, with the blood returning from the limb, and if it was punctured at that part the blood spirted out in a full stream. When the crural artery was compressed, the flow of blood from the vein gradually ceased, but recommenced when the pressure on the artery was remitted. How this proves the point, I cannot divine; one thing is, however, certain, it proves (what immortalized Harvey) that the blood is distributed through the body by one class of vessels and returned by another.

Many modern writers have also considered suction to exist, aseribing some share in the blood's motion to that power; but to this I would refer the reader to Müller's Physiology, where it is ably discussed.

G. S.

* See Müller's Physiology by Baly, p. 232, vol. i.
† Vide Soc. Cyl., p. 20.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths from all causes, registered in the week ending Saturday, the 6th November, 1841:—

Small Pox	5
Measles	18
Scarlatina	14
Hooping Cough	38
Typhus	24
Other epidemic, endemic, and contagious diseases	30
Diseases of the brain, nerves, and senses	143
Quinsey	1
Bronchitis	3
Pleurisy	8
Pneumonia	75
Hydrothorax	4
Asthma	20
Consumption	136
Diseases of lungs, &c.	19
Diseases of the heart and blood-vessels	18
Diseases of the stomach, liver, and other organs of digestion	54
Diseases of the kidneys, &c.	3
Childbed, diseases of the uterus, &c.	13
Diseases of the joints, bones, and muscles	3
Diseases of the skin, &c.	0
Diseases of uncertain seat	110
Old age, or natural decay	52
Deaths by violence, privation, or intemperance	24
Causes not classified—Ague 1, Stricture of Œsophagus 1	2
Causes not specified	5
Deaths from all causes	813

Temperature observed by Mr Roberton, at the Royal Society for the weeks ending

	Oct. 30th.	Nov. 6th
Highest	58°	52°
Lowest	37°	45°
Daily mean	48°	49°

ON ACETUM CANTHARIDIS.

By M. DONOVAN, Esq.

MR. REDWOOD is of opinion, that it is the acetic acid which exerts all the energy possessed by acetum cantharidis, and that the cantharides have nothing to do in the matter. This novel opinion he supports in the following manner:—He procured various samples of acetum cantharidis, prepared at various establishments in London, and subjected them to the following experiments. Portions were evaporated to the consistence of an extract, and the remains of the acetic acid were washed away by a little water, or were removed by saturation with an alkali. The extracts were then applied to the surface of the body for many hours, but without any effect. Some acetum cantharidis was mixed with an equal quantity of ether, and occasionally agitated for twelve hours. The ether being decanted off was allowed to evaporate spontaneously. A few drops of oil being mixed with the residuum, it was applied to the skin for twelve hours, but no effect ensued.

These experiments were repeated several

times with the same result. They seem to indicate that acetic acid, of the strength ordered in the pharmacopœia, is not a solvent of cantharidin. In order more completely to determine the point, some pure cantharidin was prepared according to Robiquet's process. *It was found to be insoluble in acetic acid.* Again, the residue of the flies, after the preparation of acetum cantharidis, was digested in ether; the ethereal solution was evaporated; and the residual green oil applied to the skin. *In fifteen minutes a blister was raised.*—It is therefore evident, that acetic acid is not a proper menstruum for exhibiting the acrid principle of the blistering fly, and that when acetum cantharidis acts as a vesicatory, the effect is not attributable to the cantharidis.

The inference to be drawn from these experiments is, that in the preparation of acetum cantharidis, the useless portions of the fly are dissolved in the acetic acid, while the active ingredient is thrown away. It is, therefore, the acetic acid that blisters, and when we consider that the acid directed in the pharmacopœias is but moderately concentrated, we are at no loss to understand how it happens that, although the ratio of cantharidis used in the preparation of different specimens may be the same, the vesicating power may be different. The acetic acid employed is sometimes too weak to act upon the less sensitive class of persons; nay, so exactly balanced may be the power of the liquid blister with the sensitiveness of the skin, that the acetum cantharidis which this day acted well, may, to-morrow, when there is some difference in the state of the person, fail to act at all. This, I have in several instances, known to be the case. Two of these cases are striking. I prepared acetum cantharidis, according to the formula of the Dublin pharmacopœia. Some of it I gave to Dr. Croker, who caused it to be applied to the head of a gentleman requiring its use; it acted perfectly. In some weeks after, more of the same specimen applied to the head of the same gentleman totally failed. Another portion of it was applied to the shoulder of a lady, under the instructions of Dr. J. Moore Neligan, and succeeded perfectly. In a week or two after, more out of the same bottle was applied a few inches lower down on the same shoulder, without any effect. Being informed of this, I digested the same acetum cantharidis on a new portion (equal to the original) of cantharides; when filtered it was applied to the same surface, and totally failed. These trials, all made with the same acetum cantharidis, are very striking, and appear to prove that the success of the preparation made according to the pharmacopœial formula, depends as much on the state of the patient as on the efficacy of the blister.

This lady appearing to require and to be a fit subject for a more active preparation, I prepared a quantity of acetum cantharidis, according to the formula of the Edinburgh pharmacopœia, using a still stronger acetic acid than is there directed. This liquid being applied to her shoulder in the usual manner, acted with very considerable energy, raising a complete blister in a very short time.

The great efficacy of this blistering liquid must have depended on the greater strength of the acetic acid, aided by the power of the euphorbium; unless it be true, that the stronger the acetic acid, the more efficacious solvent of cantharidin it becomes. This, however, is not likely; for in Mr. Redwood's experiments, the acetic acid employed, weaker it is true than mine, was absolutely destitute of any solvent power on cantharidin: a little increase of concentration could scarcely influence its solvent power so much, as to produce a great effect on the skin of a person little sensitive to its agency.

The experiments of Mr. Redwood are important. They warn the physician not to rely on this preparation, where the circumstances are urgent; and they acquit the apothecary of blame, which hitherto often undeservedly attached to him, when the expectations of the physician were disappointed.

FUNGOID TUMOUR OF THE ORBIT.

By T. P. WILKINSON, L.R.C.S.I., &c.

Eliza Culloden, ætat. 12, admitted 16th August, under the care of Mr. Ferrall. A large irregular tumour occupied the superior and internal portion of the right orbit, extending from the internal to within four or five lines of the external angle; above, it overlapped the superciliary ridge, below, it displaced the globe of the eye, so that the centre of the cornea was nearly ¾ of an inch below that of its fellow, and protruded considerably; anteriorly it was lobulated, and presented two elevations, the superior, much the larger, was elastic to the touch, with a feeling of fluctuation. The integument was of a dusky red hue, and traversed by several large veins, except on the larger of the eminences, where the tint was yellow. The colour of the tumour was limited below by a well-defined line, beneath which, the skin covering the superior tarsal cartilage, presented a perfectly natural appearance. Vision was slightly impaired, and she frequently saw red and white clouds floating before her. The motions of the eye were simultaneous with those of its fellow, and free, except in the direction upwards. Two years had elapsed since the tumour was first perceived; she had no pain in it, and was perfectly healthy in every other respect.

The growth of the tumour and dislocation of the eye having been progressive, it was determined in consultation to attempt excision, although its fungoid nature was more than suspected. From the circumstance of the inferior third of the eye-lid being healthy, Mr. Ferrall gave it as his opinion, that this could be effected without interfering with the globe, the morbid growth being situated external to the tunica vaginalis occuli.

On the 28th of August, Mr. Ferrall proceeded to operation in the presence of a number of medical gentlemen, amongst whom were Sir P. Crampton, Drs. Wilmot, Bellingham, Forrest, Wilkinson, &c. &c.

A semi-lunar incision was made immediately under the superciliary ridge, extending the entire length of the tumour, and the integuments carefully dissected off, so as to expose its anterior surface. A strong ligature was then passed through it, by which it could be easily drawn in any direction. Its remaining connexions were now more easily separated with the handle of a scalpel, except in one point, posteriorly and superiorly, where it was firmly attached to the periosteum of the roof of the orbit, this was broken through with the finger, and the mass removed; some hard granular portions still adhered, which were separated with the finger, and carefully removed, leaving no trace in the orbit of its late occupant, except some roughness of the membrane, from which it had grown. The roof of the orbit presented several distinct depressions in the bone, corresponding to the lobules of the tumour. The wound was brought together by three points of suture, and water dressing applied.

A section of the tumour presented a pulpy mass, with bloody spots scattered here and there over its surface.

Some slight erysipelatous inflammation supervened, which was easily subdued, and union by the first intention took place in a considerable portion of the wound. About the centre, however, it suppurated, and some granulations of an unhealthy character appeared; these were touched with lunar caustic, and in a few days the wound was completely healed.

She was allowed to remain in the hospital until the 18th ofSeptember, in order to observe the case. She was then in good health, and free from uneasiness of any kind. The eye was rapidly resuming its natural situation, and the freedom of its motions—vision was perfect—the cicatrix was free from induration.

ADVICE TO PHYSICIANS

AFTER THE MANNER OF SWIFT.

"When you are called to a patient, for the first visit, instead of listening with attention to the sufferer's own details of his case, which, in general, are of great consequence, the personal feelings best showing the real bearings, and, most commonly, the true cause of the disorder, you will, (like certain impudent and puzzling barristers, who sometimes unwarrantly endeavour to extract anything but the truth from the mouth of a witness,) cross-examine the patient with such dexterity, that it may appear you can tell the feelings and symptoms of the patient better than he does himself. If he should persist in telling his own story in his own way, you must stop him, with a hint, that time is precious with you; and, in proportion to the impatience, and perhaps rudeness of your behaviour, you will often obtain credit for being in great request, and as having large and extensive practice."

(The anonymous writer next alludes to the absurd fashion of practitioners prescribing excessive doses of calomel, in common and ordinary occasions; six or eight grains, for instance, are given often to adults, and even children; one or two grains for a dose may indeed be occasionally very beneficial.)

"The writing of your prescriptions at the finish of your visit, will require some consideration, and you will recollect, that the said prescription may be liable to be pored over by the patient or his friends, as well as by the apothecary; it will, therefore, be your business to make it as obscure and mysterious as possible; and let there be in it nothing common or simple; all odd, extraordinary, and compounded articles look best on paper, and will give a high idea of your ingenuity; and this mode of novelty, and of puzzling the patient and by-standers, has, I verily believe, been the true reason why some very strange articles have even found their way into the human stomach. A wine-bibber was advised to desist from his quantity; 'No,' says he, 'I cannot do without it; the greatest pleasure in life, to me, is to bother my brain with *black strap for four hours* every day after dinner.' So it was, I suppose, that the *cicuta* (hemlock) came to be so much in use about twenty years ago, it having the power of inducing a *pleasant vertigo and deadly sickness*, for many hours after taking it.

"In the course of your practice, you will occasionally be called in, upon another physician, to hold a consultation; upon these occasions there is so much ceremony to be understood, that we confess ourselves at a loss to give you any rule to go by. The etiquette, however, very properly, is all for the interest of the medical practitioner, and consequently not much in favour of the patient. If, then, you should arrive at the house first, you are by no means to proceed to the sick room, let the emergency be ever so great; no, you must be cooped up in a room by yourself, as if you were to proceed to prayers, or to consult the occult sciences; and you must there wait for the physician, whose property the patient is; for, should you go to the bedside alone, you might have a better opportunity to perceive the real nature of the disorder, and might, inadvertently, disclose an opinion different from what had been passed before."

MEDICAL NEWS.

The Westminster Hospital Medical and Scientific Society held its weekly meeting on Thursday the eleventh inst., Dr. Bird in the chair. Charles Deazley, Esq.. B.A.M.R.C., read an excellent paper, marked by great originality of views, on the Physiology of the circulation by anastomoses and capillary vessels, which we shall endeavour to find space for in our next. An animated discussion followed, ably supported by Messrs. Kay, Williamson, Jobe, &c., &c. A paper was announced for Wednesday, Nov. 24th, by Mr. Kay. on Tetanus, Benjamin Phillips, Esq., F.R.S. in the chair.

On Sunday, a sermon was preached at the Parish Church of St. Mary-le-Strand, by the rector. the Rev. J. F. Denham, A.M., F.R.S., M.D.S.L.. &c., in aid of the funds of King's College Hospital. £3,500 yearly is required for this institution. The eloquence of the rev. gent. produced £13.—*(Daily Paper.)*

Public Health, Paris.—An ordinance of police regarding confectioners, grocers, and other merchants, forbids them to wrap up or to strain sweetmeats in white glazed papers, or in papers coloured with mineral substances, Prussian blue or ultramarine excepted; also to place sweetmeats in boxes lined inside with coloured paper or with mineral substances; also to cover them over with pinked ornaments made from these thin papers, and to allow any fulminating compos tion to enter into the formation of their envelopes. This ordinance, lastly, forbids the use of metallic wires as stems of artificial fruits. These stems should be made of whalebone, straw, or wood.—*Gaz. Med.*

Remedy for Hydrophobia.—Benjamin Kovats. a szecklar in Transylvania, is said to possess this secret. The Austrian Government, after careful investigation, have approved of it, and appointed Kovats to superintend its administration. The ingredients are as follows; 6 drachms of *Asclepias bincitoxicum*, 2 drachms of the bark of young branches of the *service tree (Cretegus Torminalis)*, and the inner part of nine bulbs of garlic. These are placed in an unglazed vessel measuring half a pint, which is filled with water. The mixture must be left in this state for twelve hours. The lid of the vessel is then to be plastered down and placed near the fire, allowing it to arrive at a boiling point, care being taken that it does not boil over. It must then be strained and administered while lukewarm; it only keeps good for one day. The materials when gathered must be put in an elevated dry place and not on the earth. The dose for a full-grown man is five large table-spoonsful; a strong woman, four; children, according to their age, down to one and a half spoonful. It is generally taken on an empty stomach. in the morning; but Kovat sometimes gives it again in the evening in a lesser dose. He pays little attention to the wound itself; he considers it good, though not necessary, to keep it in a state of suppuration, or to cauterize it.

New Artificial Leg.—M. Lepage, a stonemason of Paris, having had the right leg crushed by an enormous stone, submitted to amputation, and being poor was obliged to follow another trade, and became a shoemaker. The ordinary wooden leg without joint did not suit his new condition; he broke several; and he therefore contrived a leg with two joints. the one corresponding to the knee, the other to the hip. By means of a button applied to a spring, which descends laterally from the superior to the inferior articulation, these two joints are easily accessary to different movements, especially those of sitting down and rising up. The contrivance is very ingenious. The cost is about two guineas.

In the month of June, in the year 1835, a woman died of typhus fever, in the upper part of the house, No. 17, White Horse Yard, Drury Lane; the body, which *was buried on the fourth day*, was brought down a narrow stair case. Lewis Swalthey, shoemaker, then living with his family on the second floor of this house, and now residing at No. 5, Princes Street, Drury Lane, during the time the coffin was placed for a few minutes, in a transverse position, in the door-way of his room, in order that it might pass the more easily into the street, was sensible of a most disgusting odour, which escaped from the coffin. He complained almost immediately afterwards *of a peculiar coppery taste*, which he described as being situated at the base of the tongue and posterior part of the throat. In a few hours afterwards, he had at irregular intervals slight sensations of chilliness, which before the next sunset had merged into repeated shiverings of considerable intensity. That evening he was confined to his bed,—he passed through a most severe form of typhus fever; at the expiration of the third week, he was removed to the fever hospital and recovered. He had been in excellent health up to the instant when he was exposed *to this malaria.*—*Walker on Graveyards.*

VACANCIES, PROMOTIONS, & APPOINTMENTS.

Naval.—Surgeons W. Graham to the Apollo; A. Stewart, to the Malabar.

Army.—98th Foot, Assistant-Surgeon Ethilbert Henry Blake, M.D.—Hospital Staff: Daniel Kennedy, M.D., to be Assistant-Surgeon to the Forces, vice Bogle deceased

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CLINICAL LECTURES ON DISEASES OF THE BREAST IN FEMALES.

Delivered at the Hospital of La Charité, by Professor VELPEAU.

LECTURE II.

Submammary or deep-seated Inflammations.—The cellular tissue separating the mammary gland from the great pectoral muscle, and from the sterno-costal cartilages, is far from offering a similar arrangement to that which is seated between the gland and the integuments. Under the bosom this tissue presents the form of laminæ similar to those of the deep layer in the abdomen and limbs. The inflammations consequently arising in this tissue have a great tendency to spread over a large surface, and to take the form of diffuse phlegmon. We have seen, on the other hand, that those which are formed in the subcutaneous layer, are commonly limited, and give rise to little tumours.

Like the subcutaneous inflammations, deep inflammations of the breast may be formed in three different modes; sometimes they are caused by irritation of the gland itself, as is most frequently the case; sometimes they derive their origin in some affection of the thoracic parietes, or even of the organs contained within the chest; and, finally, they are sometimes spontaneously developed in the submammary tissue, and then the causes are generally inappreciable. This last mode of development is undoubtedly the most unusual. We will say a few words on each of these points.

It is not uncommon, after a more or less intense inflammation of the mammary gland, to find the deep cellular tissue of this region become inflamed in its turn, and present symptoms of which I shall soon speak. The following case is one bearing on this point.

Case 5.—In the month of April, 1836, a nurse, 32 years of age, was placed in bed in St. Catherine's ward, affected with an engorgement of the left breast. The signs presented by the disease clearly indicated that the gland alone was affected, and that the surrounding tissues were sound. She was for six days subjected to an appropriate treatment, when a somewhat intense fever became suddenly developed; the breast increased considerably in size, and assumed the form which I shall hereafter describe; the pains became deep-seated and dull; whence I learnt at once that the submammary cellular tissue had been attacked by inflammation. This diagnosis proved true. Three days after the appearance of the symptoms of which I have spoken, the deep inflammatory tumour suppurated. I made a large incision over the lower and inner part of the breast, and thus gave issue to a considerable quantity of pus. It is evident that, in this case, the deep inflammation had its origin in the primary affection of the gland.

There are few practitioners who have not observed the malady of which we are now speaking, at the termination of some affection of the thoracic parietes, or of the organs contained within the chest. For my own part I have seen deep inflammation of the breast depending sometimes on organic alterations of the lung; sometimes on fracture, caries, or necrosis of the ribs; sometimes on effusions of pus, of blood, or of serosity in the pleura. The following fact deserves mention.

Case 6.—In the month of December, 1836, a woman, 37 years of age, was admitted under our care. She had for several months been affected with caries of the fourth rib on the part corresponding to the outer side of the left breast. A fistulous opening existed on this point. I intended to cut out the diseased portion of the bone, when a violent inflammation became developed in the deep cellular tissue of the breast. There was so powerful a reaction, that the patient was near sinking. The breast acquired a considerable size without any change of colour in the skin, still this tumour suppurated six days after. I made a free incision on the depending point, which gave issue to nearly a pint of matter, and soon after the inflammation disappeared. I was then able to take measures for the operation.

If it is true that submammary inflammation has most frequently its origin in a previous affection of the gland, or of the thoracic parietes, it is no less true that it is also sometimes developed primitively in the tissue in which it is seated. In this case, as we may easily imagine, its causes are most frequently obscure. Still we may conceive that this kind of inflammation of the breast may develop itself in consequence of some outward violence, of which no trace may be left in the gland, or on the thoracic parietes. The following fact evidently had such an origin.

Case 7.—In the month of June, 1838, a young person, 18 years of age, came for our advice. Five days previously she had received a severe blow on the right breast; since then the patient had experienced dull and deep-seated pains. The affected breast had acquired a size double that of the opposite side. The skin was almost in the natural condition, and except for the assurance of the patient, one would not have imagined the affected region to have been the seat of any exterior violence. The inflammatory swelling was evidently situated in the deep layers; the breast was as it were projected forward. The pulse was full and resistant. Upon the refusal of the patient to enter the hospital, I ordered her to be bled to sixteen ounces, thirty leeches to be applied round the breast, and large poultices immediately after. She came back again in three days' time; there was then evident fluctuation. A large incision being made on the lower and inner part of the breast, set free more than a cupful of matter. Poultices were reapplied. We saw her again four days after. The breast had regained its normal size; there existed only a slight purulent discharge; the wound presented a healthy aspect, and everything indicated that the cure would be soon completed. In fact, the breast was restored to its natural condition in the course of nine days.

It follows, according to what we have said, that deep-seated inflammations of the breast may be either idiopathic or symptomatic. Moreover, whatever may be their mode of developement, the following are the principal characters by means of which you may recognise this disease; the breast presents an enlargement more or less considerable; its surface is distended, hemispherical, and sometimes marked with large veins. When the inflammation is intense, the integuments are hot and slightly reddened. In ordinary cases, the skin, though slightly hot, presents its natural colour. The swelling has this peculiarity, that the mammary gland appears as it were to be thrust forward, and we cannot perceive those little tumours, or those livid or fungous spots, which appear externally in subcutaneous inflammations. This kind of inflammation is commonly accompanied by a reaction more or less intense, and all the symptoms of inflammatory fever. By these signs it will be always easy to distinguish a deep-seated inflammation of the breast from that of the subcutaneous adipose cellular tissue in the same region. We shall shortly see what are the characters which distinguish it from inflammations of the gland itself.

The texture and arrangement of the tissues, which are here the seat of the inflammation, easily explain the reason of its progress being so rapid; for in the course of a few days, this species of inflammation attains its highest degree of development. I have seen many cases where in forty-eight hours the breast has acquired double or even treble its natural size. In a woman who came under my care in the month of July, 1838, the left breast, which was affected with inflammation of the deep cellular tissue, had, in but three days as the patient assured us, acquired the size of a man's head.

The ordinary terminations of this kind of inflammation are suppuration and resolution. Gangrene of the cellular tissue has been sometimes observed; but I do not know that this disease ever terminates in induration. Such cases, at least, must be excessively uncommon. The formation of the affected tissue does not seem to allow such a termination. Moreover, the progress of this inflammation is so rapid, that resolution itself is rather uncommon, and these inflammatory tumours most frequently suppurate in the course of a few days. Still, as we should do all in our power to prevent this latter termination, and as, moreover, resolution may be induced when the disease is attacked in its commencement, I will point out to you the therapeutic means to be made use of in such cases.

Treatment.—To say that the progress of the deep inflammations of the breast is very rapid, and that a few days often suffice to produce suppuration, is to establish as a principle, that this kind of inflammation should be attacked at its commencement with more or less energy, according to the intensity of the disease and the constitution of the patient. The deep seat of the disease explains why, in this class of inflammations, topical applications of whatsoever nature, commonly exercise so little influence over its progress. We are not, therefore, absolutely to reject them; on the contrary, it is often serviceable to cover the bosom with narcotic or resolutive cataplasms; but do not let us forget that these are but palliative means, and you will flatter yourselves with a vain expectation, if you think that these means will induce resolution. We must have recourse to another system of treatment in these cases; general and local abstractions of blood, particularly the former, must be made use of. The blood-lettings must be large, and repeated at short intervals, provided always that there is no contra-indication. This practice has several times procured me incontestable advantages in overcoming the inflammation. Leeches should be applied round the breast, and not on its surface. Along with this treatment, we should also administer calomel and tartar emetic in full doses. I have often derived most advantageous results from this system.

It is by the wisely combined use of these different resources that we may hope to baffle the disease. But all these means are generally rendered useless as soon as suppuration is established, and I have already said, that it is rare, after the disease has existed in a really acute state for a few days, not to find the inflammatory tumour in a state of suppuration.

I need not add that it would be waste of precious time to confine oneself to the employment of mercurial, iodurettes, or other resolutive ointments. The action of such remedies would be too

slow, even supposing that they possess the power of overcoming the disease.

3rdly. *Inflammation of the Mammary Gland.*—Many authors have confounded, under the general title of parenchymatous engorgement of the breast, diverse inflammations which may be seated in the mammary gland. It is therefore of importance to establish the distinction on this point.

Although inflammations of the mammary gland may be developed under the influence of the same causes which produce this pathological state in the other regions of the body, still they are mostly caused by lactation. Thus we most frequently meet with them among nurses and women recently confined. Those resulting from some external cause, are most commonly formed in the interlobular cellular tissue; those, which are developed under the influence of some internal cause, make their first appearance sometimes in the lacteal tubes, sometimes in the secretory, and sometimes in the fibro-cellular elementary tissue; these finally, which depend on lactation, most frequently originate in the substance of the lobules, or in the interior of their canals.

The mammary gland alone offers, then, three distinct varieties of inflammation—inflammation of the ducts which carry the milk; inflammation of the secretory lobules; and inflammation of the fibro-cellular layer.

Milky Engorgement.—Inflammation of the lacteal ducts.—The milk, when retained in the canals along which it passes, being rendered thick and concrete, causes their dilatation, and thus gives rise to sharp pains, accompanied most frequently by a general reaction of greater or less intensity, and thereby not uncommonly constituting an engorgement of the breast, as we observe in the last months of pregnancy, in women recently confined, and in those nursing. This engorgement is not, properly speaking, a true inflammation; but we may easily conceive that it may very often give rise to it.

This species of engorgement of the breast is characterized by the following symptoms: the breast becomes the seat of a greater or less enlargement, but which may be easily distinguished from that depending on deep-seated inflammation by the swelling, instead of being regular and uniform, presenting little tumours, and being as it were grooved with hard cords; it is moreover hot and extremely sensible to the least pressure; the skin of the breast is slightly reddened; sometimes even it is paler than in the natural state. There commonly exist acute pains, the patients saying that they experience a sensation as of a number of pins being stuck into the breast. There is always a certain degree of fever, and a greater or less loss of appetite.

Sometimes milky engorgement occupies the whole of the gland; sometimes it is confined to one or two spots. In these latter cases, it presents itself under the form of little swellings, of greater or less hardness, and of variable size, which sometimes continue a long time and may become converted into unhealthy tumours.*

The causes of this kind of engorgement are easily discovered; they consist in sudden transitions from heat to cold, in a too abundant secretion of milk, and in a too lengthened retention of this fluid in the gland. Thus it is that we observe it in nurses who expose their breast to a current of air; in those in whom the flow of milk takes place too quickly; in those in whom the infant exercises a too hurried suction; and lastly in those who give the breast only at long intervals. I should also add, that we sometimes see it arise at the termination of some internal diseases.

When left to itself, milky engorgement may disappear without giving rise to true inflammation of the breast. The simple restoration of the excretion of the milk is then performed without much apparent trouble. These cases occur more frequently than is generally thought: at other times this engorgement gives rise to a more or less acute inflammation of the lacteal tubes, an inflammation which may also attack, in some cases, the whole gland, and which very frequently terminates in suppuration and in decomposition of the milk. It is therefore necessary for us to study with the greatest care the therapeutic means which we possess for combating this species of engorgement of the breast.

Treatment.—We must, in the first place, distinguish the simple milky engorgement, without evident inflammation of the lacteal tubes, from that which is accompanied by a more or less intense inflammation of these canals. It is from this distinction not having been known, or having been neglected, that the curative treatment is still rather obscure on this point.

In the treatment of simple milky engorgement, the first point is to evacuate the milk, whether by the natural or by artificial means: therefore we order the woman to give the child the breast more frequently; if this does not answer the desired end, we must have recourse to a grown up person, or some young animal, or else to the employment of glasses made for this purpose. We should aid this first indication by means of soft linen cloths, or pads, applied very hot to the breast. We must also put the patient upon a regular diet, and at the same time overcome any internal diseases which may exist. Still, it sometimes occurs, that all these resources are insufficient; we must then make use of certain topical applications. A liniment composed of laurel water, extract of belladonna and ether, proposed by M. Ranque, and much praised by M. Conty de la Pommeraie, is really useful in these cases; so also is the liniment of oil, ammonia, and camphor, so much recommended by Sir A. Cooper. But beware of mistake; for these topical applications can be serviceable, and should be had recourse to only, when there is simple milky engorgement; if true inflammation should be present, they would be injurious, as I have myself witnessed on several occasions. The formula which has succeeded best with me in similar cases, consists of the yolks of one or two eggs, a drachm of ammonia, and half a drachm of camphor; sometimes I add a similar proportion of ether. The breast should be gently smeared with this preparation three or four times a day. By means of this I have often succeeded in rapidly rendering the milk more fluid, and procuring a very marked overflowing of it from the parts. It is unnecessary to add, that if true inflammation of the breast should exist, this liniment would not be less dangerous than the preceding ones.

When milky engorgement co-exists with a somewhat intense inflammation of the parts, we must then have recourse to those general and local remedies of which we spoke when treating of inflammations of the mammary tissue.†

Inflammation of the Mammary Tissue, and of its Cellulo-fibrous Membrane.—Whether the inflammation be established in the first instance in the lobules of the gland, or in the cellular tissue which unites them, and thence spreads to the lacteal tubes, it still presents nearly the same symptoms. I have generally—in fact almost invariably—observed this kind of inflammation in *nurses*. I have, however, sometimes met with it in pregnant women, even as early as the third month. Still every one must know, that this species of inflammation most frequently attends lactation, or the period of confinement. The following are the symptoms by which we may distinguish it:—At the commencement, the skin of the mammary region is slightly reddened; the pains are dull and unsettled, being felt in different parts of the substance of the breast. There is but little swelling; on examining it with the fingers, we may detect a few little tumours, hard and resistant, but of variable size. Soon, however, if the disease be not checked in its progress, the integuments assume a more or less intense redness; the breast becomes considerably enlarged; this enlargement may, however, generally speaking, be easily distinguished from that depending on deep-seated inflammation. The pains become lancinating and concentrated round the areola; but they differ from those produced by superficial or deep-seated inflammation, in not being so sharp, severe, or extended. We can easily understand that the progress of this variety of inflammation of the breast should generally be less rapid than that of the two preceding kinds of phlegmasiæ. The structure of the gland offers a satisfactory explanation of this fact; for as the inflammation can pass successively from one little division, or from one lobule to many others, it may, and not uncommonly does last for weeks, or even months, before reaching a definitive termination.

I should add, that the glandular tissue communicating through its fibro-cellular partitions with the subcutaneous adipose cellular layer in front, and the laminated cellular tissue behind, this kind of inflammation has a great tendency to complicate itself with subcutaneous or deep inflammations, and sometimes with both together, rendering the prognosis very grave.

Treatment.—To appreciate perfectly the treatment proper for this kind of inflammation, it is necessary that we should distinguish those cases in which the patient is pregnant or recently confined, from those which occur in a woman suckling. During pregnancy, it is evident that we must not think of drawing off the milk; nor in those recently confined, who have neither the power nor disposition to suckle. We must, in such cases, limit ourselves to lessening the secretion of the milk which is beginning to establish itself. The most rational treatment consists in general blood-letting to a greater or less extent, according to the intensity of the inflammation, and the constitution of the patient. Bleedings of a smaller extent, and frequently repeated, have appeared to me to be more advantageous in those cases, than large abstractions of blood. A greater or less number of leeches should also be applied upon or around the breast. In addition to this treatment, we should have recourse to saline purgatives, to general baths, and to topical applications, at first emollient or narcotic, afterwards resolutive or slightly excitant. Alterative ptisans may also be employed with advantage. We may also in such circumstances expect the most happy results from methodical compression judiciously applied to the breast. I cannot too much solicit your attention to the employment of the latter means; but I wish you to remember that it is a resource which succeeds only in experienced hands. When badly applied, it not only looses all its advantages, but becomes exceedingly injurious. It is unnecessary to add, that the patient should be submitted to a severe regimen.

This treatment is applicable to all women who are not suckling.

If the patient be nursing, the first question which presents itself is this: must lactation be continued or not? In the greater number of cases, especially if the inflammation is intense, we must suspend the suckling. If the milk accumulate in too large a quantity in the breast, it should be extracted by the artificial means already spoken of. As soon as the inflammatory symptoms have lost their intensity, the child should be reapplied to the breast, with the precaution of not allowing it to remain long, and of bathing the nipple each time with lukewarm water. We should also cover the breast with large linseed-meal poultices, and keep the bowels open by means of lavements, whey, the juice of prunes, &c. But, under special indications, we must lay aside abstraction of blood, especially general blood-letting, purgatives, and depurative ptisans.

* A case of this kind presented itself to my notice in November, 1838. A woman who was put to bed in St. Catherine's ward, had for several months, a hard and resistant tumour in the right breast, of the size of a hen's egg. Her physician had pronounced it a cancerous tumour, and had persuaded her to enter the hospital to have it removed. From preceding circumstances communicated by the patient, and the characters presented by the tumour, it appeared to M. Velpeau to be a partial milky engorgement, and he encouraged the patient to submit to an operation. The tumour was extirpated; it presented the appearance of cheese, and might be easily crushed beneath the fingers. It was analytically demonstrated to be a milky compound. Five days after, the wound was entirely cicatrized, and the patient left the hospital, after a stay of less than a fortnight.—*Note by M. Jeanestne.*

† The following case presents a remarkable degree of interest.—On the 5th of March, 1838, a woman named Flachet, entered the hospital under the care of M. Velpeau. She was 36 years of age and had found her health gradually declining since she was employed as a nurse at the Hôpital des Enfans, nearly eight months before. For about two months she had experienced round the left nipple, with which she most frequently suckled, a troublesome itching, and soon after a pain, especially when she applied the child to the breast. Being obliged to give over suckling, and finding the breast increase considerably in size, she then decided on entering the hospital. The left breast is nearly double its natural size; it is distended, even, and painful to the touch. The colour of the skin has undergone no change. There is an eczematous band around the nipple. No reaction has taken place. The patient was two days in this state before presenting any sign of inflammation. This was without doubt simple milky engorgement, but all means failed to bring about resolution.

On the 18th, there was a great change; the gland was the seat of a violent inflammation (thirty leeches and poultices were applied).

19th. There was evident fluctuation. On making an opening with a bistoury, a large quantity of pus, evidently mixed with milk, escaped from the wound. A few days after a severe attack of erysipelas supervened, and carried off the patient. The autopsy confirmed, in every respect, the diagnosis of M. Velpeau.

In my next lecture, I shall treat of superficial or subcutaneous abscess of the breast, and its treatment.

M. Jeanselme gives the three following cases in illustration of the lecturer's observations:—

Case A.—*Cessation of Suckling.—Engorgement of both Breasts.—The Patient again has recourse to Suckling.—The Disease disappears.*—In the course of the month of May, 1838, a woman, 30 years of age, came to M. Velpeau, at the hospital, for his advice. She had had four children; she had suckled the first three without any inconvenience, and had never been seriously ill; she had also a good constitution. Thirty-three days previously, she had been confined of her fourth child; she had suckled it during fourteen days, and then, for reasons which she did not communicate, ceased giving it the breast; since that time, both her breasts had become considerably enlarged, but especially the right. She informed us that this was the one that she had most frequently given to the child. The skin of the mammary region, it ought to be observed, was not changed in colour. The patient experiences a kind of painful constriction in the breast, which she explains to us by saying that her breasts seem distended. There is but little general reaction. From the previous character of the disease, as well as from its present symptoms, there was no doubt as to its being a case of milky engorgement. M. Velpeau ordered the patient again to suckle, and to cover both her breasts with folds of soft linen made hot. Three days afterwards we again saw her; the swelling had diminished by nearly half its size. The week following she was perfectly well.

Case B.—*Milky Engorgement.—Liniment. composed of Yolks of Eggs, Ammonia, and Camphor.—Perfect resolution in less than fifteen days.*—A young nurse, having a considerable milky engorgement of the right breast, presented herself, in November, 1836, to the notice of M. Velpeau. The affected breast exhibited no signs of inflammation. The swelling had existed a week, and neither suckling, nor the artificial means employed in this case for extracting the milk, had produced any result, when M. Velpeau subjected the patient to the use of the liniment employed by him in similar circumstances; the yolks of two eggs, a drachm of ammonia, and half a drachm of camphor. The bosom was smeared with this preparation four times a day. In less than fifteen days it brought about a perfect resolution, and the patient left the hospital quite cured.

Case C.—In the month of September, 1836, I observed under M. Velpeau, a nurse, 27 years of age, whose left breast was the seat of a violent inflammation. This patient, of a good constitution, had nursed her first two children without being sensible of the least inconvenience from suckling; she even said that at that period her health seemed to be better than usual. She had been confined with her third infant three months and a half previously, and had at first suckled it with as little inconvenience as the other two; but about eight days previously, while taking a walk in the country, she applied the child to her breast without taking the precaution of covering her bosom. A few minutes after she experienced some shiverings, the cause of which she easily guessed. During the night her left breast (the same she had given to the child) became affected with various pains.

The next day, inflammation had developed itself, and two days after she entered the hospital. The right breast is in the natural state, the left on the contrary, is considerably enlarged. The skin presents an intense redness, especially round the areola. The swelling is concentrated upon this point, and thus gives the breast a regular and conical form. The pains are lancinating and constant; they are increased by pressure, especially round the nipple; there is fever present; the pulse is rather quick and full; there is general lassitude and loss of appetite. She ceased suckling the day previous to her entrance into the hospital. (Apply linseed-meal poultices three times a day; let her take whey, and have an emollient lavement night and morning, with a proper diet.) The next day, the inflammatory symptoms were somewhat abated. (Continue the remedies.) Three days after, the swelling was two-thirds less. The fever had ceased; the local inflammation was very slight. M. Velpeau ordered the patient to recommence suckling. She consequently left the hospital, promising to let us see her again. She returned a week after perfectly cured.

[In our next number we shall give the fourth of M. Chomel's popular lectures on Pneumonia.]

SERIES OF CLINICAL LECTURES.

By DR. HAMILTON ROE.

LECTURE III.—PHTHISIS.

Gentlemen,—We have several cases (unfortunately) of death in the hospital, and one of them affords an example of the extreme caution necessary to be observed in examining patients. One of them, whose name was Reeks, was in the hospital from the beginning of September, and was so far recovered from the disease she laboured under, as to be dismissed from medical treatment, but she still continued an inmate of the hospital to enable her to recover her strength. On Septemher the 29th, she was seized with a severe pain in her left side, accompanied with a very slight cough, and she rested badly at night.

Emp. Lyttæ to the side.

Has severe pain in the head and back.

Mist. Diureticæ.

Oct. 5. The pain and dyspnœa were relieved by the blister; both have now returned; bowels regular, has headache about the time for catamenia.

12. Pain, dyspnœa, and cough urgent, the former greatly increased on inspiration, pulse quick; slight dulness on percussion over the left side of the thorax, and respiration in the lower parts obscure, and slight œgophony. For this a blister was applied, she took aperients, and for a few days the Pil. Hydropic.; these symptoms then disappeared, and she seemed to be improving; at this time she caught cold while walking out, the consequence was an attack of fever, great pain in the back and loins, heat, dry tongue, languid expression of countenance; bowels confined; pulse small and hurried.

Mist. Ammon. Acet. ℥j. 6tis. horis.
Pil. Calom. h. s.
Haust. Rhei. m. s.
Lotio. Æther. Caput.

21st. Pain in the head continues very violent; bowels not freely open.

Rep. Pil. et haust.

26th. Pain in the head rather better; great weight about the loins; has not been unwell for ten months.

Hirudin. vj. to the loins.

30th. Headache not so severe; is very low, tongue brown and dry, pulse feeble, great heat of skin; rests badly; has diarrhœa, attended with pain.

Adde Mist. Sp. Ammon. Arom. ℥iij.

Nov. 1st. Diarrhœa, with pain and evacuation of thin pale pus, mixed with a small quantity of blood, still continues. The same symptoms of low fever remain; is exceedingly weak, headache not relieved.

Enema Amyl. c. Opio.
Brandy ℥iij.
℞ Sp. Ammon. Arom. ℥
Tinct. Card. Co. a.a. ℥ss.
M. Camph. ℥j.
Sumat. i, 2dis. horis—Mitte iv.
M. Ammon. ℥j. ter die.

2nd. Much the same; the diarrhœa and other symptoms as yesterday.

4th. The pain, purging, and bloody evacuations, not diminished; headache; pulse small and weak; tongue dry and brown; lips dry; skin harsh and dry.

Pulv. Doveri, gr. vj.
Hydr. c. Creta, gr. iij.
6tis horis sumend.
Lin. Saponis. c. Opio.
Infr. abdom.

5th. The symptoms as above remaining the same, eight leeches were applied to the arms: this being attended with no good result, and the abdomen being more tender on pressure, eight leeches were applied to the epigastrium, to be followed by warm fomentations.

M. Acaciæ, ℥iv.
Pulv. Ipecac. ℥ij.
M. Camph. ℥iijss.
℥j. 4tis horis.

6th. She had hitherto rested well; last night slept badly; less tenderness and diarrhœa; but the symptoms of prostration more urgent than yesterday; pulse fluttering; very drowsy; tongue and mouth dry.

Vespere. Rapidly sinking; does not know any one; pulse weak; breathes with great difficulty and much noise; died at ten p. m.

Remarks.—Scarcely any portion of the right lung was pervious to air; it is gorged with blood, and on cutting into it presents a vermillion appearance; the other is congested; if you cut into it longitudinally, you can squeeze out a frothy, bloody mucous, and reduce it to the natural size; but no squeezing would reduce the other lung to the same condition. The intestines present an exceedingly good specimen of ulceration, the dark red spots with black centres being well marked: the gall-bladder was in a state of complete ulceration, and contained a thin clear pus, with a few gall-stones. The diarrhœa and dysenteric symptoms indicated inflammation of the intestines, but no symptoms occurred to suspect the gall-bladder contained either pus or gall-stones. There must have been very active inflammation during the 7 or 8 days before she died to produce such a change. I firmly believe, that the vermillion-coloured lung was the subject of inflammation long ago, and that when the fever set in, both lungs became affected; such a case as this would have misled any practitioner. The lung on the left side was more solid than it ought to have been, but this was only elicited by examination externally; nothing could have been done to restore the lungs to their natural condition; she died more from the effects of the fever than from any other cause. There was a man lying in Dr. Bright's ward labouring under laryngitis, whose case I now present to you.

LARYNGITIS.

James Unwin, aged 34, was admitted 11th Oct., 1841. Has had an attack of acute laryngitis, which has degenerated into the present subacute form; appears to have had the usual remedies employed, and is at present labouring under the effect of mercury. The attack proceeded from cold; he lost a brother with some laryngeal affection.

There is now urgent dyspnœa, with great harshness and roughness of respiration; speaks in a low, husky, and thick tone, very little above a whisper; face is pale and slightly livid, especially above the lips, which have a blueish cast; the "throat is sore" (as he expresses it), and has difficulty and pain in swallowing; no tenderness experienced on examining the external part of the throat; has a slight cough with little expectoration; the mouth and back part of the fauces are very red and injected; no ulceration detectable; pulse 105, weak and

small; bowels open; tongue covered with white fur; skin hot and dry.

Thorax. Respiration 24, short and hurried; *chest* well-formed; over the surfaces on both sides the resonance on percussion is *too* dull.

Auscultation shows in all parts of the thorax harsh and rough respiration, and large crepitation; from the history of the patient, and the nature of the sound, it appears to be emphysematous.

Beef Tea.
C.c. Laryng. ad ℥iij.
Pil. Conii co., No. j, 6tis horis.

14th. Declares himself to be easier; the voice is less husky and rough, and throat not so sore; cough less troublesome.

Rep.

18th. Complains of tenderness over the larynx, and breathes with great difficulty; bowels open; pulse very quick.

Rep. c.c. Laryng.

23rd. This not affording much relief, was repeated again this morning; from this treatment he appeared to derive considerable relief; the harshness of respiration subsided, and the voice appeared stronger; the constitutional symptoms appeared less severe.

25th. Not so well; cough has been very troublesome since yesterday, and respiration continues difficult; pulse much the same; tongue very foul.

Emp. Lyttæ to the throat.
Rep. Pil.

30th. Much the same; the cough, respiration, and voice remain as at last report. A sponge dipped in a saturated solution of nitrate of silver was ordered to be passed down to the epiglottis.

Inhalat. Lupuli.

4th. Much worse; the most striking symptoms remain the same as at last report, with the exception of the "sore throat," which is worse; yet he is weaker; the respirations more hurried, and there appears less power about the patient. To use the inhalation diluted with steam of warm water.

Rep. Emp. Lyttæ.
℞. Iodin., gr. iv.
Sp. Vin. Rect, ℥ij.
Potass. Iod., gr. ijss.
Aquæ, ℥ijss.
℥j. utend per inhalat.

5th. Weaker; rather less irritation about the larynx; has had a slight attack of diarrhœa.

Hyd. c. Creta.
Pulv. Ipecac. co., a.a., gr. v.
6tis horis sum. mitte ij.

6th. Diarrhœa abated; continues much the same; the application of the nitrate of silver was stopped on the 4th, no good result having followed its employment. To use an inhalation composed of Tinct. Conii c. Vin. Ipecac., equal parts.

7th. Respiration difficult, and experiences much pain in the laryngeal region, and complained more than once on swallowing; pulse feeble, fluttering, and irregular; cold sweats; tremor of the hands; extremities perfectly warm.

Rep. Emp. Lyttæ.
Wine, ℥iv.
Eggs, ij.

8th. He continued gradually sinking, the pulse becoming weaker, and respiration more difficult; lips became blue, the extremities cold; rattling in the throat, and died on this evening.

Remarks.—This is a case which you will frequently meet with in practice, and therefore it is well worth your attention. The sound of the voice, &c., indicated obstruction in the larynx; the diagnosis was not whether he had laryngitis, but if disease of the lungs, if the obstruction was confined to the larynx alone, then the operation of tracheotomy would afford relief, and I should certainly have proposed it, but there was more dulness on percussion than was natural; no symptoms of a cavity, however, existed; the aspect was that of a patient labouring under phthisis; the adipose substance had been absorbed, and the muscles appeared as if dissected; the nails hooked, &c. The mucous membrane of the larynx, when in a healthy condition, is colourless, but in this case it is injected with blood, rough pits covering the whole extent of the lining membrane; the calibre diminished, ulceration extending to the epiglottis, and the mucous membrane very much thickened near the rima glotidis.

The lung has a considerable portion which is fit for respiration, consequently the sound on percussion would not be great, if you have *patches* of tubercular matter deposited; there are small tubercles in this lung, surrounded by sound lung; if you have laryngitis in a scrofulous habit, you almost always have disease of the lungs.

PERITONITIS.

Ellen Miles, single woman, residing at 60, Orchard Street, was admitted Oct. 27, 1841.

Had a severe cold about six weeks ago, which produced violent spasms of the bowels, coming on at intervals; the pain, finally, about a week since, become fixed, and great tenderness of the part was experienced; this continued until she applied to the hospital for admission.

At this time there was tenderness diffused over the abdomen, with most acute pain on the slightest pressure; there was some slight amount of effusion, evidenced by the distension and fluctuation; anxious, and expresses pain; tongue covered with a brown fur; skin hot and dry; pulse 110, small, weak, and wiry; feels extremely faint and low; appears to be badly fed; lies in bed with knees drawn up; bowels open.

Hirud. xxiv., abdomen.
Pulv. Doveri, gr. vj.
Cal. gr. j.
6tis horis.

28th. Relieved by the leeches; pain on pressure diminished; appears quiet and easy; pulse very weak, but less frequent; bowels not open.

Enema Olei Ricini.
statim.

31st. Continues free from pain; bowels have been freely acted on; rests well at night; tongue clean; pulse the same, but less frequent.

Nov. 2nd. Pain continues relieved; pulse very low and weak; complains of great debility; effusion rather less, and very little tenderness on pressure; mouth rather sore.

Omit Pulv.
M. Ammon.
Mist. Camp. a.a., ℥iv.
℥j ter die.

6th. Continues improving, effusion much diminished.

Remarks.—Dr. Armstrong is of opinion that the beneficial effects of calomel and opium in inflammation of serous surfaces, depends more on the opium than the calomel: opium by injection will always give immediate relief, and I have no doubt that the opium was the chief agent in affording relief in this case.

We have a case of disease of the heart, which I will read to you, as it is a very valuble one.

ANASARCA C. MORBIS CORDIS.

Sarah Lee, aged 51, was admitted Oct. 13th. Is a married woman, and has not enjoyed good health for the last twenty years, having been subject to "asthma" for that period. Has not suffered from any other disease of consequence until last Christmas; she then had an attack of scarlatina, with low fever; on her recovery from this, dropsy of the lower extremities showed itself, which gradually increased; she passed urine with difficulty, of a high colour, and began to be much troubled with the attacks of "asthma," and violent palpitations.

On admission, the face presented the peculiar blue expression of heart disease, lips livid; anasarca of the whole of both lower extremities, which were excessively distended, and having ulcerations on the back of the legs in parts where the skin had given way; feels great oppression at the chest, and breathes with difficulty, which is so increased on lying down as to prevent her assuming that position; the dyspnœa, with pain in the back, are the principal complaints made by her—has cough, increased on any motion, with expectoration of a greenish tenacious mucus, occasionally "rusty," or streaked with blood; skin harsh and dry; pulse small, weak, irregular, and intermitting; bowels regular; urine pale and scanty, not albuminous; abdomen is much distended with flatus.

Thorax.—Respiration short and hurried; on placing the hand on the precordia, the heart is felt beating irregularly and powerfully with a sharp stroke, over a larger space than natural, communicating at the same time a slight thrill to the touch.

Percussion also detects an abnormal extent of that organ.

Auscultation.—A tremulous action is heard, with a characteristic short, sharp stroke, about the base of the heart; the sounds are healthy; but below the left nipple, after the first sound, a bruit is most distinct, not following the aorta, but gradually losing its intensity as we ascend to the artery.

The lungs present, neither on percussion nor auscultation, anything of consequence, except some harshness of respiration, which must arise from congestion.

Pil. Hydropic. j.
Omn. nocte.
Liq. Potass. Bicarb. vj.
Quotidie.

Nov. 9. Though the respiration is difficult, she breathes more freely, passes urine in good quantity, which is slightly albuminous, pulse weak and irregular, anarsarca of inferior extremities rather diminished, palpitations less troublesome.

M. Æther. Sulp.
Sp. Ammon. a.a. ℥j.
℥j. ter die.

Remarks.—There is nothing in the history of this case to direct you to the disease of the heart itself. At first, the urine did not present any traces of albumen, the dropsical symptoms in the abdomen and legs supervened, together with lividity of the lips, blueness of the countenance, and difficult respiration. The effect on the congested lung is, that the blood compressing the air-cells, the sound becomes harsh, and you are sure that some cause has occurred to make it a better conductor. The best way of detecting the disease is to lay your hand on the patient, you then detect the size of the heart better.

Percussion in some cases elicits a clear sound, except where the heart is partially covered by lung, when the sound is dull; in order to distinguish between the two, percuss the lung with

great care and gradually approach the heart, when you soondiscover the differencc of sound.

In hypertrophy the increase is almost imperceptible; the blood may be driven through the aortic valves, and through the mitral valves into the auricle. In all cases of head affection, examine the heart; it was observed she had an open sore on the back of the leg; respiration was tolerably easy, the sore healed, and respiration became worse; blisters were then applied, and the application was like magic, she became much easier in her respiration.

[This is the last of Dr. Roe's Clinical Lectures before Christmas. Dr. Burne takes up the course next Friday; we have taken measures to secure our readers the benefit of the continuation.]

PHYSIOLOGY OF THE CIRCULATION BY ANASTAMOSES AND CAPILLARY VESSELS.

By CHARLES DEAZELEY, Esq., B.A., M.R.C.S.L.

Mr. President and Gentlemen,—The subject which I propose to bring before your attention this evening, is that of circulation by anastamoses, and the means whereby an organ or member receives a sufficient quantity of blood to support its vitality, after the principal artery which supplies it becomes obliterated from the application of a ligature, or from a clot of blood formed spontaneously within its calibre. By the term circulation, we understand that motion by which the blood setting out from the heart is incessantly carried to all parts of the body by means of the arteries, and returns by the veins to the centre whence it began its circuit.

The uses of the circulatory motion of the blood are to expose it to the air in the lungs; to convey it to several viscera, in which it undergoes various changes; and to send it into the organs whose growth is to be promoted, or whose losses are to be repaired, by the nutritive and vitalised part of the blood brought into a state of perfection by these successive processes. Thus the lungs and secretory glands may be considered the purifiers of the blood, as they are continually occupied in separating from it whatever is too heterogeneous to our nature to become assimilated to our organs, or to afford them nourishment.

To understand thoroughly the mechanism of this function, it is necessary to view separately the action of the heart, that of the arteries which arise from it, and, lastly, that of the veins which enter it. The union of these three classes of organs forms the circle of the circulation; but, as the lymphatic system is the medium through which the blood receives the power of reparation, it should be minutely examined, as well as the different changes which the food undergoes, during the process of digestion, separation, &c.

In man, and all mammalia, the heart is a hollow muscle of a conical shape, the inner part of which is divided into four large cavities, which communicate with each other; from these, vessels arise which convey the blood to every organised part of the animal economy, and the vessels which bring it back from all those parts likewise terminate in these cavities. The heart may therefore be called the great centre of vitality, and the principal agent in the circulation of the blood, inasmuch as if the heart ceases to contract and dilate, the blood soon becomes stagnant, and death must be the result; but, so long as the heart acts, although, in the faintest manner, and, indeed, until it becomes perfectly quiescent, it cannot be said that the animal is completely extinct.

In man, the heart is placed in the chest, between two folds of the pleura, one on each side, forming what is called the middle mediastinum; it is surrounded by the pericardium, placed obliquely between the lungs, opposite the fifth dorsal vertebræ, and nearly towards the union of the upper third of the body with the lower two-thirds; it is, therefore, nearer to the upper parts; it holds them under a more immediate control; and as that organ keeps up the action of all the rest, by the blood which it sends into them, the parts above the diaphragm possess a greater degree of vitality than the parts beneath. The skin of the upper part of the body, and especially of the face, has more colour, and is warmer than that of the lower parts; the phenomena of diseases come on more rapidly in the upper parts; they are, however, less liable to put on a chronic character.

The heart is comparatively larger in the fœtus than in the child that has breathed, in short men than in those of high stature. The heart is likewise larger, stronger, and more powerful, in courageous animals than in weak and timid creatures; this is one of the most striking proofs of the influence of the moral character of man on his physical nature. Courage arises out of the consciousness of strength, and the latter is in proportion to the activity with which the heart propels the blood towards all the organs. The inward sensation occasioned by the afflux of the blood is the more lively and better felt when the heart is more powerful; it is on that account that some passions, for example, anger,—by increasing the action of the heart, increases greatly both the strength and courage; while fear produces an opposite effect. Every weak being is timid, and shuns danger, because an inward feeling warns him that he does not possess sufficient strength to resist it. It may, perhaps, be objected, that some animals, as the turkey-cock and the ostrich, possess less courage than the least bird of prey, that the ox has less than the lion and other carnivorous animals; what I have said, therefore, does not apply to the absolute, but to the relative size of the heart. Although the heart of a lion be absolutely smaller than that of an ox, it is, nevertheless, larger in proportion to the other parts of the animal. All these facts, however, are only proofs of the influence of the mind on the body. In civilized man, the prejudices of honour, interested considerations, and a thousand other circumstances, degrade his natural inclinations, so as to make a coward of one whose strength is such as would induce him to brave all kinds of dangers; while, on the other hand, men whose organization should render them most timid, are inspired to perform the most daring actions. But all these passions, all these moral affections, operate only by increasing the action of the heart, by increasing the frequency and the force of its pulsations, so that it excites the brain and muscular system, by a more abundant supply of blood.

The heart may be considered as formed of two parts in contact;—the one consisting of the right auricle and ventricle, and may be denominated the venous; the other consisting of the left auricle and ventricle, and may be called the arterial. Although these two parts of the same organ are placed in firm contact, they are perfectly distinct, and the blood in each cavity is very different from that of the other.

If we consider that the cavities of the heart are perfectly emptied of blood, and that they are filled in succession, the blood will appear to circulate through the heart in the following manner. The blood which is carried back from every part of the body, and emptied into the right auricle by the two venæ cavæ and by the corenary vein, separates its parietes and dilates it in every direction. The irritation attending the presence of the blood stimulates the auricle to contraction: this fluid, which is incompressible, flows back in part into the veins, but the greater part of it is forced into the right ventricle. The auricle, after emptying itself of the blood with which it is filled, relaxes and again dilates by the accession of a new supply of blood, which is continually brought by the veins, which open into it. When the right ventricle becomes distended with the blood which it receives from the right auricle, contracts in its turn on the fluid whose presence excites its parietes, and tends, in part, to return it into the right auricle, and to send it along the pulmonary artery; regurgitation from the ventricle into the auricle is prevented to a great extent, though not entirely, by the tricusped valve. The action of the pulmonary artery begins when the parietes of the ventricle are in a state of relaxation; and the blood would be forced back again into the ventricle, if the semilunar valves, by rising suddenly, did not prevent it. The blood then, by the contraction of the right ventricle, is forced through every part of the lungs, and as it is traversing through the minute ramifications of the pulmonary artery, the oxygen of the atmosphere having been inhaled during the act of inspiration, passes from the air-cells of the lungs through the thin membranous sides of the pulmono-capillary vessels, and thus mixes with the blood by the process of endosmoses. The blood which was previously black, now becomes of a florid red colour, because it becomes saturated with oxygen in the capillaries of the lungs; it here also gives out a large quantity of carbon, and by the chemical decomposition which takes place in the pulmono-capillary vessels, carbonic acid is formed, and animal heat is generated; the former is expectorated, while the latter is diffused throughout the whole body by means of the arterial system. The human body, which is habitually of a temperature of between 32 and 34 degrees of Reaumur's thermometer, preserves the same degree of warmth under the frozen climate of the polar region, as well as under the burning atmosphere of the torrid zone, during the most severe winters and the hottest summers.

The blood, after it has passed through the lungs, becomes of a bright red colour, and is returned by the pulmonary veins, which empty it into the left auricle: this auricle, stimulated by the presence of the blood, contracts in the same manner as the right; part of the blood flows back into the lungs, but the greatest part enters the left ventricle; regurgitation from the left ventricle into the left auricle is prevented by the mitral valve: as soon as the blood has distended the parietes of the left ventricle, this ventricle becomes stimulated; it contracts and popels the blood along the aorta to every part of the body, whence it returns again to the heart by the veins; regurgitation from the aorta into the left ventricle is prevented by the semilunar or aortal valves.

In a natural state, the circulation is not carried as I have stated; and I have supposed this successive action of the four cavities of the heart, only to render more intelligible the mechanism of the circulation in that organ. For instance, if we lay bare the heart in a living animal, by raising up the sternum, and making an incision into the pericardium, we observe that the two auricles contract at the same time, and that the contraction of the ventricles is likewise simultaneous, so that while the auricles are contracting, to expel the blood which fills them, the ventricles are dilating to receive it.

The heart sends blood to every part of the body by means of the arteries, for it is impossible to make a puncture with the finest needle into any of our organs, without wounding several of these vessels, and causing a sanguineous

effusion. The aortic arterial system, or great circulation, has a great resemblanee to a tree, whose trunk, represented by the aorta, having its root in the left ventricle of the heart, extends afar its branches, and throws out on every side its numerous ramifications. The size of the arteries decreases the farther they are from the trunk by which they are given off.

Their form, however, is not that of a cane; they are rather cylinders arising from one another, and decreasing successively in size. As the branches, given off by a trunk, taken collectively, have a greater diameter than that of the trunk itself, the capacity of the arterial system, therefore, increases with the distance from the heart; hence it follows, that as the blood is continually flowing from a narrower to a wider channel, its course must slacken. The direction of the arteries is often tortuous; and, it may be observed, that the arteries which are sent to hollow viscera, as the stomach, uterus, and bladder, or other parts capable of contracting, of stretching, and of changing their dimensions every moment, are much the most curved; so that by unfolding, they may give way to the extension of the tissues into which they are distributed. Lastly, the arteries arise from each other, and form with the branch or trunk from which they are given off an angle varying in size, but which is always obtuse, and more or less acute towards the branch.

[We have great pleasure in giving insertion to this very sensible paper; it displays an extent of research and general accuracy of judgment which win our warmest approval. We shall conclude it in our next number.—Ed.]

TO CORRESPONDENTS.

Received for Review:—

Elements of Materia Medica and Pharmacy. By O'Brien Bellingham, M.D., edited by Arthur Mitchell, M.D.

Medicus.—*We are sorry to say that we cannot give our Querist any certain information. There is a 'Medical Almanack' advertised in our columns as published by the Stationers' Company. A Mr. Foote, of Tavistock-street, was accustomed to publish a yearly pocket-book, but we believe he has discontinued the practice this year.*

'A Reader' *is right. 'The thing is not worth its money.' We are mistaken, or we shall either lower its price, or exclude it from the market.*

Dr. Kingsley's *Number has been sent.*

K. K. *is thanked. We are just there very full. He is requested to send his instructions as to the disposal of his communication.*

Mr. A.—*He has been written to.*

Mr. A. J. Williams *is not on our list of Subscribers.*

F. B. C., M. A., Dr. G., Mr. S. K., Nuna.—The Biter Bit.—H. J., M. G. H. T. *respectfully declined. Their papers are left for them at our Office.*

We are receiving many complaints from Students of the London University College of the inefficiency of Professor Graham as a Public *teacher of Chemistry. If we may judge from our authorities, Chemistry is the least interesting subject lectured on; no high compliment to Professor Graham, whatever his knowledge on the subject.*

A Pupil of Westminster Hospital sends us the number of Clinical Lectures delivered during the present season, by the present President of the Royal College of Surgeons, in consideration of his share of the perpetual fee. (Oh!)—He naïvely supposes that Mr. Guthrie has not improved his notions of the relative distinctions of meum and tuum since his complete initiation in the secrets of College government.

Messrs. F. G., T. P. N., Dr. S., Edinburgh, Mr. P., Puckridge, Mr. G. S., York, Messrs. T. T. F., H. H., Dublin, Dr. C., Bangor., Mr. T. J., Dr. B., Swansea, Messrs. A. K. L., G. S., Liverpool, Drs. M. *and* H., *and* Mr. T. G., Manchester, Mr. A. B., Kidderminster, H. G., Bolton, Mr. H. J. B., Quebec, Mr. F., Edmonton, Mr. H. J. B., Scarborough.—*Safely received.*

Every Number of Vol. I. can be supplied, by order of the Publisher. We shall have complete sets of Vols. II. and III. within a fortnight. Mr. G. Fermoy will have his numbers sent almost immediately.

Gentlemen who have applied for their accounts during the week will receive them.

A few Monthly Parts for October remain. The Monthly Parts for November are ready this day.

We beg to direct attention to the reduction made in favour of yearly and half-yearly Subscribers paying in advance.

We have now two Offices for the Publication of the Medical Times—10, *Wellington-street North, and* 170, *Fleet-street. Orders and Communications are requested to be sent to the Editor or Proprietors, at the former.*

Mr. Scoffern's *Lecture in our next.*

THE MEDICAL TIMES.

Saturday, November 27, 1841.

We will not believe it—it cannot be. The thing is slanderous on the human race—ingratitude cannot rise to such a height of turpitude even in Mr. Wakley. He will—he must amend the Anatomy Act—he *dare* not decline.

We care not for the effusions of his vulgar journal; we need still less his own verbal evasions. Mr. Wakley has no more courage to refuse the united demand of the profession, than he had to turn the incendiary of his drug-shop. Let him play false to us here, and he and his journal, despite the advertisement of the latter, or the public meeting display of the former—are lost for ever in insignificance.

What! in a matter so nearly connected with the high character and utility of our profession—so vital to the health, the safety of our population—shall he, the *isolated* declaimer about popular happiness—the tedious scribbler about professional interests, give the most important measure that can well concern either, the opposition of his indifference, and dare to fly in the face of that body who have made him all he is, and who have not made him more simply because they could not give him more honesty? We repeat, we cannot, we will not believe it.

Mr. Wakley, we are told, thinks lightly of the importance of Anatomy. But where in the whole range of studies is there a more important subject? It is the rock upon which is built the whole superstructure of medical science. Without it our profession would be an enormous demon of mischief, walking through darkness to human destruction—its mission but one unmitigated mission of mischief! With it the physical evils are made as light as the pre-ordained system of nature seems to allow. If life be a blessing, this prolongs it; if health be the chief joy of life, this secures it; if happiness be the end and aim of existence, this consolidates it; in short, there is no creature who has entered the portals of human being to whom it has not been, or may not, the saviour of pain, and the donor of happiness. The *least* obstruction of a science of this kind is an injury; an injury not to a nation—not to abstract mental progress only—but to universal humanity. But an obstruction which interferes with the whole anatomical teaching of the empire—which threatens the very existence of our anatomical schools, is a calamity which we do not scruple to class among the direst that can well afflict the human race. Dare Mr. Wakley, as a member of society—as a medical man—as a legislator—dare he countenance such an enormous social evil by his acquiescence—perpetuate it by his support? Again we repeat it—we will not, we cannot, believe it. If he says so himself—we will still not believe it. Whatever his intentions, we confide more in his moral cowardice than his expressed promise.

His friends may tell us that there are difficulties. We ask where? With medical men? They are unanimous on the question. With Parliament? They have proved already their anxiety on the matter, by their Bill of 1833. There is no reason for supposing a change since; the same reasons that existed to influence them then, exist to influence them now. Was medical science endangered? So is it now. Were the London pupils growing rarer? They are still more so now. Did English students look to Paris as offering the sole chance of an efficient medical education? They do so now. Was society disgusted by the filthy practices of the resurrectionists? They are not idle now. Was it alarmed by the Bishops, the Hares, the Burkes? There is still danger of such monsters, with the same creative causes. In short, whatever reason existed in 1833, for passing a new Anatomy Bill, exists now for amending the Anatomy Bill then passed. There is no ground, we reiterate then, for a moment's fear about the House of Commons. The whole of our profession, without reference to party, class, or division, are united to a man in desiring the amendment. It is not a time of public excitement as in 1833—no new Bill is required as then; all that is sought are two or three alterations of clauses, the bad working of which has originated much more in the bungling use of terms, than in any intentional policy of obstruction. Such, then, being the enlightenment and the facility of the object—and such the union of the enlightened body that demand it—can it be supposed that a majority of Parliament will offer opposition to an urgently required reform, so trifling in its shape, yet so effective in its working? To our minds the idea is preposterous.

If Mr. Wakley, then, entertain the wish his friends and his own journal accuse him of—if he be resolved not to stir in removing this important grievance of the profession, he can have no justification on the score even of petty policy, save on per-

sonal and private grounds. He sacrifices the profession—but he has no plea of public good, or even of personal difficulty for his excuse.

Before concluding the subject, let us warn the Honourable Member that the attention of the whole profession is now roused on this important question—and that all eyes are vigilantly on the look-out for the course he may decide on; we tell him that they can never be made to understand the necessity of truckling to the vulgar—the contemptible—the mischievous prejudices of his Chartist supporters, and that if he ventures to gratify them at the expense of medical science—he must bid adieu to all further support on the part of the profession, as totally as he must have previously bid adieu to every vestige of decency of character.

We finish with the question of Beranger to Le Nouveau Diogene—

"Pour qui tiens-tu, toi qui ne tiens à rien?"

Infamy is the livery of bad actions: the world will not be the worse when it is likewise their chastisement,—Dr. Sherlock.

In the noblest of professions—our own—as in the most sacred—that of religion, there is always a set of individuals who contrive to wriggle in, to borrow from it a lustre alien to their natures, which they repay by making their unfortunate connection with us an affair of unmitigated damage. Thanks to the incredible laxity of the various medical examining bodies, who, for a long series of years, made the inclusion of our members a mere pecuniary speculation, regulated much on the same principles which railroad directors adopt in regulating passenger traffic, the number of these characterless and unprincipled persons amongst us is little less considerable than the number of men who with some trifling amount of money in their possession are prowling about society for an investment which may at once yield them a subsistence, and without requiring any mental expenditure, garb their mercenary dispositions under the respectabliity of a professional designation.

One of the most hateful attributes of journalism is, that it forces us to deal with such reptiles. In proportion as they are little amenable to ordinary tribunals, the disgusting duty becomes more pressing on us—we consider—to erect over them a salutary reign of terror, which may check the manifestations, if it cannot change the character, of their despicable natures, and whose superior vigilance neutralizing the carelessness or cupidity of our medical bodies, may modify the mischiefs of misgovernment in their course, if it cannot entirely prevent them in their source.

In the righteous execution of this sacred duty, we have this week to direct public attention to the atrocious delinquency of a medical man in the late case of Mary Donovan—a case which has rarely we believe had its parallel in the past for insolent ignorance or brutality of conduct in a member of a learned profession, and which we earnestly trust will never receive that parallel in the annals of the future.

From sworn evidence, it appears Mary Donovan, taken with the pains of labour, called in about 9 o'clock on Thursday evening, the 11th inst., Mary Farrell, a midwife, assigned her by the Charlotte Street Lying-in Institution. During the night, the patient suffered great agony, and at three the following morning the husband, convinced of the midwife's incompetency, left home and hunting out the surgeon of the institution, succeeded in bringing him to his wife's assistance. It is easy to conceive the mixed feelings of hope and pleasure excited by the arrival of a regularly qualified medical attendant, invested with all the confidence his position naturally clothed him with. Let us see how this gentlemanly surgeon realized the poor people's expectations.

On his coming into the room, (swears Ellen Seaward,) the nurse. the midwife said, "I am sorry you have come, as there was no occasion to disturb you." He replied, "*I thought as much.*" Having asked the midwife a few questions and received her answers, he moved towards the door for the purpose of leaving. She (witness) seeing that he was going, said, "Pray, Mr. Wells, examine the woman, for I think the child is dead." He answered, "*Well, what if it is dead?*" and left the room, followed by the midwife. The deceased then appeared to suffer acutely, and on being told that Mr. Wells had gone, she said "that if she had not medical assistance she would be a murdered woman." Hearing a disturbance down stairs she went to see the cause, and *found the landlord of the house trying to prevail on Mr. Wells to stop*, but he would not. The deceased was then screaming with pain.

The poor woman has been in labour, in severest agony, for six hours; he is in her house, by her bed-side; her screams are piercing his ears—the husband, nurse, landlord are supplicating him to render assistance—every feeling of the surgeon, the man, are appealed to, and this unworthy member of a learned profession, but most worthy recipient of the Hall and College's licences, limits his services to the contemptuous exclamation "Well, what if the child *is* dead!" (unfeeling brutality!)—and to the threat, in answer to the prayers of the maddened father and husband, that "if not more respectful he would withdraw not himself only, but *the midwife*, AND LEAVE THE WOMAN TO HER FATE!" Insolent, mindless puppy! while the extreme of human anguish, moral and physical, is calling for all the pitying sympathies of the human heart, he can think of nothing but of the ill-supported dignity his profession thrust upon him—a dignity which the outraged natural feelings of these poor people could not recognise in one so inhuman.

The remainder of the tale is soon told. Mr. Jones, the parish surgeon, who appears to be what a medical man ought to be, does not see the woman until five hours afterwards, through that murderous system of requiring *orders*,—often not to be got under any circumstances,—which disgraces the present system of Poor Law relief. He discovers, of course, that the midwife knew nothing of her business, and after delivering the suffering patient of a child that had been dead *ten* or *twelve* hours, has the pain of seeing her exhausted, beyond recovery, her protracted sufferings, and finally sinking under them about seven hours after Mr. Wells' visit.

The following is Mr. Jones' evidence:

Mr. H. D. Jones, of No. 23, Soho-square, surgeon, said, that on going to the deceased's residence he found her in a very exhausted state, and on asking the midwife if the labour was natural, she replied in the affirmative. On examining the deceased he found it to be a preternatural presentation, and having turned the child he delivered her. It was dead, and had been so ten or twelve hours. The deceased was sensible, but in a dreadful state of exhaustion, arising from protracted labour. Mr. Wells soon after came in, and he left the case in his hands, but at his request he saw the deceased the same evening shortly before she died. The midwife appeared sober.

By the Jury.—When the labour is preternatural it is the duty of a midwife to send for a medical man. The woman could have been delivered several hours before she was, but I cannot say positively that it would have saved her life. It might have done so, for the longer the labour is protracted the greater is the danger. It certainly would have been more favourable for the patient. I should have examined the woman had I been asked to do so, as Mr. Wells was by the first witness. *There appeared great ignorance on the part of the midwife. The cause of death was exhaustion, resulting from protracted labour.*

The inquest, which extended through three sittings, concluded on Thursday, the 17th inst., when the intelligent jury terminated it with the verdict:

"We find that the deceased, Mary Donovan, died from exhaustion brought on by protracted labour. We are of opinion that Mary Farrell, of No. 5, Middle-row, St. Giles's, evinced gross ignorance of her profession in her attendance on the deceased. We are also of opinion that Mr. J. B. Wells, of the Charlotte-street Lying-in Institution, has been guilty of gross neglect in not attending to the deceased on his first visit; such neglect, in our opinion, tending greatly to increase her sufferings, and accelerate her death.'

The jury took a merciful view of Mr. Wells' case, and we trust he will show his thankfulness for it, by abandoning a profession which he can only disgrace by his connexion. We dismiss him with one further observation, which we commit to his best remembrance, that we look in vain throughout this transaction for any circumstance which even distantly indicates his possession of one quality which marks the surgeon, the gentleman, or the man.

One word on these midwives—the most extensive of death-dealers in the very service of life! The relics of a dark age, we look at the continuance of their race in the country as one of its greatest disgraces,

In a highly civilized state of society, an accouchement is one of the gravest of surgical operations, and demands in the attendant a practical knowledge of the highest resources of medical art. There is always a life in peril.

Yet such is the jurisprudence of the country—such the enforced practice on its poorer members—that this vital matter is in a majority of cases intrusted to old women, from whom the only qualification that seems to be required, is, that they should be unable to do anything else.

We confess we cannot think of such a sisterhood of ignorant practitioners, without doubting our country's civilization—we cannot think of their exclusive practice among the poor—without doubting its Christianity.

CORRESPONDENCE.

To the Editor of the 'Medical Times.'

Sir.—In reply to your correspondents respecting the inquest lately held here, I beg to state to the first—that the contents of the stomach were not analyzed; that viscus was (comparatively speaking) empty. The medical gentlemen present and myself considered the small quantity of laudanum given could not be well ascertained by tests; we therefore concluded from the absence of any disease of the viscera, the allowed administration of the poison, and the appearances in the head, that the death was produced by a narcotic, and we stated in our report that such might be the case.

I do not agree with your other correspondent that the Godfrey's Cordial had any share in producing the fatal termination. I allow its administration was very improper—but it was given several days before the laudanum, and the child had been quite well in the interval.—I am, Sir, your's very sincerely, J. Prankerd.

Langport, Somerset, Nov. 22, 1841.

[Mr. Prankerd adds, that Mr. Barnard, the druggist, has just died from typhus fever.]

MEDICAL NEWS.

The increase of population during the last ten years is—for England, 14.5 per cent.; Wales, 13 per cent.; Scotland, 11.1 per cent.; Isles in British seas, 19.6 per cent.; being equal to 14 per cent. on the whole: while, during the *ten years, ending* 1831, it was 15 per cent. on the whole.

Mr. Bridge, aged 72, solicitor, of Islington, swallowed a needle when 9 years old; has suffered since various pains, mistaken for rheumatism. On Wednesday last, the needle spontaneously came out from his ancle. The needle is a button-needle, of a dingy blue colour.

A gentleman, named Hulne, of Brent, has been magnetising people at Devonport. He has, we hear, been invited to London, and is likely to come.

Dr. P. Latham has resigned the office of physician to St. Bartholomew's Hospital; Dr. G. Burrows will, we believe, be elected in his stead.

South Dublin Union.—At the meeting of guardians, held on the 11th inst., Sir Robert Shaw said he regretted being obliged to trouble the board so frequently on the important subject of the salaries of the medical officers, but he conceived the letter received the other day from the Poor Law Commissioners, disapproving of the resolution recommending an increase of salaries to the physician and surgeon, which had so often passed the board unanimously, exhibited a want of courtesy (hear, hear). During the first fourteen months that this institution was open, 3,680 cases were treated by your medical officers—145 cases of spotted fever; and their attention must have been great indeed, as but four deaths from fever occurred during that period. There were during that period 2,018 children requiring great care and attention, subject to every epidemic, such as searlatina, &c. I am sure I am under the mark when I say there are 300 daily to be attended, besides many lunatics, the average number being 48; also frequent cases of midwifery; so that not only is there an actual labour of five hours daily, but frequent night attendance also (hear, hear). It is plain the letter of the Commissioners was written under a delusion (hear, hear). I beg to read for you an extract from the 44th report of a select committee on the poor-law amendment bill, where one of the first medical men in the world gives his opinion as to the character of the men you should employ, and then judge for yourselves, gentlemen, do you fairly pay them? Sir. A. Cooper says, "You ought to look out for the same man to attend upon the poor as you would be satisfied with in your own family; make the case your own, and you are sure to be correct." In reply to another question, he says, "If a very clever man comes into that part of the country very highly recommended, I see no reason why you should exclude that medical man, even supposing there were resident practitioners there; but if a medical man comes into a district, and says, I will attend for £50, where the resident practitioner offered to attend for £100, there can be nothing more horrible or more degrading to the profession, or more injurious to the poor." (Cries of hear, hear) .I certainly feel, as a guardian, that we cannot, as a board of guardians, come to any conclusion without the sanction of the Commissioners. In some instances it might be well; but I am satisfied the legislature never intended that they (the Commissioners) should go so far as they seem determined. All other public institutions pay their medical men higher than we do. Yet, in these different hospitals but certain complaints are admitted, whilst here every complaint has to be treated. I certainly think it is shabby, mean economy, to force men either to resign or to remain upon such a pitiful allowance. I beg, Mr. Chairman, to move the following resolution:—

"Resolved—That it is the opinion of this board that the salaries of the physician and surgeon of this workhouse should be raised from £60 to £100 per annum. That it is also the opinion of the board, that one medical officer could not discharge the duties to be performed in this house; and that again, for the third time, we call on the Commissioners to agree in this resolution."

Councillor Mackey seconded the resolution.

Dr. Kirkwood said—It strikes me that the entire aim of the Commissioners is to lower the medical profession in the eyes of the country.

Captain Nowlan said, he had been during the early part of the day engaged in opposing the rise of the salaries of the medical officers of the gaols; he had been unsuccessful; they were raised to £400 per annum each. On the same principle he came here to support an increase of salary to the physician and surgeon of this institution. He could not obtain from the gaol doctors what time they spent for their £400 per annum; whereas, it is well known, that five, six, nay, sometimes seven hours, are spent in this workhouse daily by our medical officers.

Mr. Dolan heartily subscribed in the recommendation made to the Commissioners.

Mr. Hall (the commissioner) entered into an explanation as to the English workhouses, and went on to show that in comparison he considered the officers of this institution equally well paid either with the English or Irish unions (*So that one evil shall justify another.*)

Sir Robert Shaw replied, and remarked that the present pay of the physician and surgeon was three-and-fourpence a day; taking one shilling for car hire, left two-and-fourpence, not half-a-crown, which the commissioner would think nothing of paying to his postillion after a day's inspection of some workhouse.

The motion was then put, and carried with but one dissentient voice.—*Saunders's News-Letter.*

[We are glad to see the Irish Poor Law Guardians doing their duty. They have—be it said to their credit—a much juster notion on the requirements of an enlightened profession, than the great majority of the cheeseparing guardians on the wealthier side of the Channel. We trust to see the example followed.—Ed.]

Our Friend, Barney Cavanagh.—Mr. Barney Cavanagh has been detected in the crime of eating—and sentenced in consequence to three months' imprisonment. It appears, his friend has taken the wonderful fasting man to Reading—a dangerous experiment, when we consider that the smallness of the population offered great facilities of discovering any frailty of the animal appetite. On the second day after his arrival—"the Lord set him a hungering," to use his own expression—and towards the evening, he sallied out, and modestly disguising his saintly person by fixing a large patch on his nose, and elevating the dorsal regions to Punch-like proportions, he appeared before a sausage-vender who had duly paid for the genuineness of his fasting qualifications the day before, and demanded of the astonished believer, who yet recognised him through his disguise, for a saveloy, a quarter of a pound of fat ham, and a penny loaf. The case was brought before the Reading magistrates, who seemed resolved to try his powers of fasting under adverse circumstances—the treadmill exercise, and the gaoler's vigilance; they sentenced him to three months' imprisonment with hard labour.

The Pariah Dog of India.—This animal has never been perfectly domesticated, although many attempts have been made with this view. It seems appointed by nature to remove all cadaverous nuisances; these dogs may be observed in swarms following decrepit pilgrims on their way to the temple of Juggernaut, waiting the opportunity of preying on their diseased and starved careases as they drop upon the road. These animals are exceedingly liable to hydrophobia, from their devouring human flesh in the last stage of decomposition, and are almost constantly covered with cutaneous ulcers. Their bite is incurable; the wound caused by their teeth being liable to gangrene, arising from the virulent quality of their saliva engendered by the unwholesomeness of their food. The Jackall, which subsists on a similar diet, is likewise extremely liable to the same malady.

APOTHECARIES' HALL.

LIST OF GENTLEMEN WHO HAVE RECEIVED CERTIFICATES.

Thursday, Nov. 11.

Edwin Humby, Portsmouth; John Luseombe Teed, Plymouth; Wm. O'Connor, Tralee, Ireland; George Bennett Rosewall, St. Ives, Cornwall.

Nov. 18.

Joseph Savory Tyler, Ripon, York; Robert Edward Martin, Holbrook, Suffolk; Thomas Bridge, Trowbridge, Weymouth.

ON NECROSIS.

By GEORGE WILLIAMSON, Esq.

Read before the Westminster Hospital Medical Society.

THE subject of necrosis is that which I purpose bringing before the notice of the Society, because it has always seemed to me to be one of great importance; first, as testing the scientific diagnosis and manual dexterity of the surgeon, and, secondly, as involving the most serious consequences to the limb and life of the patient, and thirdly, because its treatment is still open to many improvements.

I cannot say it has been my lot, during eighteen months' dressership at the Westminster Hospital, to see many or well-marked cases of this disease; but during two years' sojourn in Edinburgh, I had ample opportunities of seeing and watching most interesting cases under two eminent surgeons—Mr. Syme, who has devoted much of his time and research to the pathology of necrosis, and Mr. Fergusson, to whose kindness I am indebted for many valuable instructions.

Necrosis, in its etymological sense, means death, or rather the process of dying, and in this sense has it been applied to the death of bone. How far this definition is correct remains for us to consider.

Mr. Lawrence* defines it to be the process of gangrene or mortification in bone, thus drawing a distinct line of demarcation between it and caries, which he defines as the ulcerative process. These terms, though often considered synonymous, are essentially different, and are both processes of one common parent—inflammation. But, again, necrosis is a peculiar effect of inflammation; that is, the surface of a bone being injured or exposed, a thin layer will be thrown off like a leaf; but it is in all cases the same process, an absorption of the living bone excited by the contact of the dead part. Acute inflammation of a bone is often followed by the formation of matter on its surface, and under the periosteum; this is sometimes connected with loss of vitality of the external lamellæ. A great portion of a bone may perish, indeed the whole thickness of flat bones, and the greater part of the shafts of long bones. This death, not so rapid as is usually supposed, is accompanied by a deposit of new matter on its surface, and under the periosteum, which soon becomes osseous. The intimate structure of the original bone, which still remains alive, is swollen and condensed by interstitial deposit, and the dead portion is gradually separated from the living, and acted on by ulcerative absorption till detached; hence the worm-eaten appearance of '*sequestra*.' Pus is secreted, and finds its way to the surface through the external shell, made up of old and new bone; by-and-by part of this shell is removed, as the dead bone becomes loose, thus allowing it to reach the surface and be thrown out. This much-to-be-wished-for process and termination of the patient's sufferings is generally retarded, first, by the size of the sequestrum, and secondly, by the weakened state of the system, from long-continued irritation and discharge. It was formerly believed that the mere removal of the periosteum caused the death of a scale of bone, more or less thick, by depriving it of its nourishment; and our older surgeons hastened exfoliation by the actual or potential cautery. It has been proved indisputably by modern physiologists, that the removal of a portion of the periosteum does not necessarily cause exfoliation, provided the vessels passing through it are uninjured.

The inflammation, when acute, is not confined to the bone, but generally affects the superjacent tissues, causing the redness of the skin which marks the commencement of this disease; from this circumstance has sprung one of the most ridiculous of modern theories, viz., that erysipelas often induces necrosis. There often exists a morbid proneness to this disease, and if I may be allowed to introduce a nomenclature of my own, I would call it necrosal diathesis.

In these cases, we have the death of one or more bones successively in the same individual. This state of things is very apt to happen spontaneously in children of a scrofulous habit; the leg or thigh inflames, the system sympathises, and fever results; abscess follows, the matter makes an exit, and partial relief ensues. But while we are congratulating ourselves on this spontaneous evacuation, and the patient rejoicing in having escaped the knife, the enemy again appears, though in another garb; again fever sets in, accompanied by severe rigors; local inflammation, causing an inordinate firmness and rigidity of all the tissues in the part affected; the curtain is drawn aside, and the illusion is dispersed by the opening of another abscess, exposing, and often bringing away, a portion of dead bone.

In a badly cured stump after amputation, matter gains access to the centre of the bone, which inflames, new bone is then formed round the old shaft, and after a long time and much suffering, the shaft is withdrawn, and happily the stump heals. The rationale of this has been well illustrated by a distinguished physiologist, Dr. William Hunter, and afterwards repeated by Sir. C. Bell. These gentleman made an opening into the bone of a fowl, and introduced a foreign body into it; necrosis resulted.

The origin of "*necrosis*" may often be traced to that peculiar state of the system and tissues following typhus, small-pox, measles, &c. Scurvy and the venereal disease are also fruitful agents; and to make this picture complete, we may add a very frequent, a very unnecessary, and a very cruel cause, and that is, the abuse of mercury—an abuse which is one of the most unfortunate marks of hopeless prejudice on the part of the surgeon, or greater carelessness on the part of the patient. In these cases, we have the maxillæ generally implicated and permanently injured. There was a well-marked case in Westminster Hospital last winter, under Mr. Guthrie, of a deep-seated abscess in the upper third of the thigh, which by burrowing among the muscles had caused such pressure on the bone as to induce necrosis—this being the simple effect of pressure, and not of any corrosive property of the pus.

There is an interesting case in the museum of the University of London, of *necrosis* resulting from a burn. To give a short summary of the process, we have first, *death* of the bones; second, infiltration of lymph into the periosteum and surrounding cellular tissue; thirdly, the orifices forming a shell around dead bone, adhering to living bone above and below; fourthly, the dead sequestrum is generally only the circumference of the shaft, the interior becoming atrophied and absorbed after the death of the external; fifthly, the sequestrum is removed by the hands of the surgeon, or the operations of nature; the new shell contracts, its cavity is abolished, and it assumes the shape and functions of the former bone. Having now given this hasty sketch of the pathology of necrosis, allow me to describe the symptoms by which we are led to suspect the advent of this unwelcome visitor, and the prophylactic means we must adopt to guard against its insidious advances.

Symptoms.—In necrosis, as in other diseases of manifold origin, the symptoms are proportionably different. In fact, I cannot find in any of the authors on the subject a sufficiently definite arrangement of cause and effect; and after considerable comparison among recited cases, I am inclined to adopt and lay before you the following classification:—1. Superficial or traumatic; 2. Idiopathic, scrofulous, or chronic.

The superficial or traumatic must first be investigated. In cases coming under this head, it is of a limited form, generally induced by local injury and assimilating phlegmonous abscess. Suppuration of soft parts sets in, and matter forms; and on introducing your probe, you at once detect denuded bone. Now, unless there is violent local disturbance, there is little sympathetic action. Though this subacute stage often occurs, yet we more frequently have intense inflammation proclaiming the commencement of the mischief: this inflammation occupies the centre of the bone and the fibrous membrane surrounding it; parts dense and unyielding in their nature, thus producing great constitutional sympathy. We will suppose this state of things to exist in the thigh; what do we find? First, great inflammatory tumefaction; second, unnatural heat and throbbing; third, great pain and local tenderness. This swelling does not extend to the articulations, but on grasping the limb, you perceive great enlargement of the bone. Depraved secretions of tongue, fever, redness of skin, want of sleep and appetite, delirium, and disturbance of the circulation, are the general concomitants. The want of rest, the abnormal and depraved actions just enumerated, often carry off the patient by inducing irritative fever of a typhoid type. In young and scrofulous patients you have the carpus, tarsus, or phalanges, the seat of disease; the swelling in these cases is indolent with little pain and less sympathetic action, till at length fluid forms, when it bursts, and pours out an ichorous matter; here necrosis already exists. It is in those specific cases from scrofula syphilis, that we find almost the entire shafts of long cylindrical bones perishing. No alleviation is experienced till matter is evacuated, but still the tumefaction remains depending on the vast quantity of coagulated lymph effused round the dead bone, and the œdematous state of the cellular membrane. The openings caused by the escape of the matter do not heal, but become fistulous and complicated by the presence of a number of irritable bleeding granulations. Under these circumstances, either an entire shaft, or a small portion, will present itself and be removed, or in place of this desirable termination, you may have successive formations of matter coming on at intervals, and leading to permanent fistulous apertures; thus keeping up a constant drain; and now, instead of sympathetic fever, is substituted a febrile disturbance of the hectic type, intermitting with the irritative, sometimes calling loudly for immediate amputation. The white-blanched appearance of a bone is a sure indication of necrosis; but it may be inordinately dark, if exposed to the atmosphere.

(To be continued.)

* See published lectures in Medical Times, Vol. II., p. 274.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members on Friday, Nov. 19th, 1841:—

William Cooper; John Harricks; Francis Tamblyn Nicholas; Peter Lavelle; Thomas Hugh Hesketh Davies; James Alexander; Arthur Sargeant; John Gay; George Leworthy Thorne; George Murray Humphrey; John Young Godwin.

SHORT NOTICES OF FOREIGN WORKS.

Two Cases of Chorea or St. Vitus's Dance. By M. Deville.—These two observations are merely interesting as exhibiting the uselessness of many of the means employed in the first case, and the efficacy of cold baths, to which the patient was, after much hesitation, subjected. Among the means employed in the first instance, we find, to our astonishment, purgatives in small doses, bleedings, and the application of a blister to the arm. No improvement being observed, the author then gave the pills of Méglin, under the influence of which the convulsive movements lessened, but did not disappear; lastly, at the end oftwo months of this treatment, the improvement ceasing, leaving the young patient still unable to walk, even with crutches, the employment of cold baths was prescribed, "which," says the author, "some German physicians had begun at this period (1836) to extol in the treatment of chorea." The use of cold baths,—their history, by the way, is much older than M. D. supposes,—was most successful; and knowing the energy of their action, we are little astonished at the facility with which the young patient was cured, after the unsuccessful employment of other means, nor at the rapidity with which the same disease disappeared in a second patient treated in a similar way, in January, 1840, without the aid of any other means.

Observations on a Case of Posterior and External Lateral Dislocation of the Elbow Joint. By M. Vignolo.—M. Duplessy, 60 years of age, fell upon his right elbow, which was forced away from his side; at the same instant he felt acute pain, and the motion of the joint became impossible. On subsequent examination, we found the following symptoms: pain, excessive sensibility and swelling of the elbow, which is slightly flexed; the patient cannot perform pronation, supination, flexion, or extension. The transverse and antero-posterior diameters of the fore-arm are considerably increased, the transverse especially, by a third more than that of the opposite side. This increase of size is constituted partly by a projection formed on the outer side of the elbow, by the fasciculus of muscles which are inserted into the epicondyle, and partly by another projection situated below this, and constituted by the head of the radius, which is displaced from its articulation with the humerus, and thrown outwards and slightly forwards. The superior extremity of the radius appears placed upon a plane a little anterior to that of the ulna, in front of which it has glided. At the posterior and external part of the elbow-joint, and within the mass of muscles at the epicondyle, there is an eminence formed by the olecranon, which, displaced from its cavity, rests behind the epicondyle. This apophysis, which makes a projection behind the joint of at least a dozen lines, is situated nearer to the epicondyle than to the epitrochlea, and below these two tuberosities. The internal condyle of the humerus is about fifteen lines distant from the inner edge of the olecranon. The tendon of the triceps forms on the inside of this last apophysis a cord powerfully extended and applied close to the bone. At the anterior part of the articulation we perceive a rounded projection formed by the inferior extremity of the humerus, and covered by the tendon of the biceps.

Extension and counter-extension have been practised, in the direction of the luxated limb, both from the arm and from the wrist. M. Chassignac at first used sufficient traction to make the olecranon come opposite the tuberosities of the humerus; then pressing upon the olecranon with both thumbs, at the same time that he caused the fore-arm to be sharply flexed, he performed the reduction. This was accomplished three hours after the accident, and at the end of 35 or 40 days the movements of the joint had regained all their facility.

REVIEWS.

The History of the Early and Present State of the Venereal Disease examined, &c. By G. Hume Weatherhead, M.D., Member of the Royal College of Physicians.

The object of this learned work, as declared in the title, is to show, from the earliest records down to the present time, that mercury never was necessary for the cure of syphilis in any of its forms; and to confirm the fact by a statement of the practice pursued by the author during the last five years at the Royal Free Hospital, of which he is the physician.

The work opens with the references to be found of the affections of the genital organs in the writings of the Hebrew and earliest Greek and Latin authors, and by a comparison with the symptoms of the disease then denominated leprosy, to render it not improbable that what went by this designation, in many cases might be only the secondary manifestations of the syphilitic virus.

In endeavouring to make this supposition probable, the author has cited several curious facts. He tells us that before the discovery of America, and the consequent introduction of the present form of syphilis into Europe, there were no less than six lazar-houses near London, for the reception of lepers—that mercury was quite effectual in the curing of them; whereas, in the present day, we know that this medicine possesses no such power; and that, after the New World was discovered, the leprosy, as it was called, disappeared.

The author next traces the more distinct notices of genital diseases which are to be found in after ages in the writings of the Arabians and Arabistæ, and at last arrives at the period when a new form of disease affecting the genitals appeared throughout Europe, towards the close of the 15th century. This part of the history of syphilis is more particularly interesting, from the mass of proof of its transatlantic origin and rapid spread, drawn from the early Spanish, Portuguese, Italian, and German historians. But the most important part of the work, as bearing more immediately on practice, is that which relates to the cure of the disease without mercury.

The author first acquaints us how mercury came to be used at all in syphilis, and why its employment came to be abandoned by the regular practitioner — how physicians of the greatest celebrity and experience continued for more than 150 years to cure the disease without it; and in the ample list referred to, we find the names of Marcellus Camanus, Nicolas Poll, Physician to the Emperor Charles V.; Torella, Physician to Pope Alexander VI.; Fallopius, and Fernelius. But, as it would seem from the history of our art, the doctrines and practice of medicine are ever liable to an alternate flux and reflux, mercury, by some inexplicable means, imperceptibly came again into use in the treatment of the venereal, and, like a giant refreshed by slumber, soon made greater havoc than ever. The ebb-tide of opinion, it seems, is returning—mercury again is getting into disrepute—and among the most strenuous, and we may truly add, powerful advocates for the entire abandonment of this medicine in treating syphilis, is the learned author of the present work. Not satisfied, however, with demonstrating by a host of authorities that mercury never was necessary for the cure of he venereal, Dr. Weatherhead goes farther, and adduces the opinions of many eminent men that mercury is often the very cause of the very worst of the secondary symptoms;—but as the work abounds in curious details, we will not lessen its extreme interest by over minuteness, but earnestly recommend the reader, if he values a truly intellectual pleasure, to consult it himself. We should, however, but ill discharge our duty as impartial critics if we concluded without bearing our high testimony to the erudition and sound judgment which distinguish this work from the thousand short-lived books which the English press is every month throwing off. Good taste and an enlightened philosophical spirit preside over every page, and are supported by a very laudable extent of learned research—to which more than one recent lecturer on syphilis (Mr. Lane not excepted,) is indebted to a greater extent than it would be safe for them to own. The work contains, in truth, all that can be said on the subject in the smallest space and best language, and we honestly think, after a very careful perusal, that no medical library can henceforth be complete without it.

The work — we are glad to see, by a Prussian Journal—has lately been translated into the German, by Dr. Behrend, of Berlin.

The Present State of Aural Surgery. By J. H. Curtis, Esq.

The above work, we find by the preface, is published at the request of the governors of a dispensary to which the author of it belongs; it was delivered as a lecture, and therefore professes to contain merely an outline of the diseases to which the subject relates. The lecturer has long upheld the advantages of an exclusive attention to one department of the profession, and, in his own person, he gives a prominent example of its special advantages, for few men are more persevering in the pursuit of them. For this he deserves credit, and as practice makes perfect, according to an old saying, Mr. Curtis is entitled to lay just claims to the more perfect knowledge which his steady devotion to his favourite subject has necessarily imparted.

An Examination of a Review, contained in the British and Foreign Medical Review, of the Medical and Physiological Commentaries, by the Author, Martyn Paine, M.D., A.M., Professor of Medicine and Materia Medica in the University of New York.

This *brochure* exposes a few *piquante* facts—far from creditable to a few of our *literary* Medical Men. The writer, Dr. Paine, an American, is the author of a work called 'Medical and Physiological Commentaries.' Our own Dr. Carpenter—our only reason for claiming him is, that his birth and practice makes it impossible unfortunately to give him to any other country—has written another work of a very similar character, which he calls 'The Principles of General and Comparative Physiology.' In the ordinary course of reviewship, Dr. Paine's work comes before Dr. Forbes, the undistinguished editor of the British and Foreign Medical Review. To whom does the reader think Dr. Forbes intrusted the criticism of the American work? To his friend—the English rival of Dr. Paine—Dr. Carpenter. This is the first step of honourable English journalism. The second is, that Dr. Carpenter accepts the task of criticism; and the third is, that Dr. Carpenter gives an unmitigated condemnation of the American's work, an inferential panegyric of his own—finding in his own 'Principles of General and Comparative Phy-

siology' the standard on which he, with wonderful facility and easy good-nature, refutes and condemns the treatise of his unfortunate American brother. So far, however, the usual practice of medical reviewship in Quarterlies has not been widely departed from. But Dr. Carpenter, not satisfied with these trifling advantages over his distant rival, adopts the falsest principles of medical science to help out his attack when there happens to be no better at hand, and feeling a little deficiency in the organ of language, rather than fail in giving effect to his charitable disposition to Dr. Paine, lays the whole of Dr. Channing's celebrated review on Milton under unscrupulous military contributions.

Dr. Paine's work ought to be read by all who would know the true value of a medical Quarterly's opinion, or the enlightened science which is springing up among our transatlantic brethren.

PHARMACEUTICAL NOTICES.

COLLECTED FROM THE JOURNALS FOREIGN AND DOMESTIC.

By M. DONOVAN, Esq., of Dublin.

SYRUP OF DEUTO-IODIDE OF MERCURY AND POTASSIUM.—It is known that the dento-iodide of mercury is soluble in a solution of iodide of potassium, with which it combines and forms an iodide of mercury and potassium. M. Boutigny of Paris (*Journal de Chimie Medicale*, September) directs the following syrup of of this substance:—

Take of Deuto-iodide of mercury	15,12	grains,
Iodide of potassium,	75,60	grains,
Distilled water,	75,60	grains.

Dissolve; filter through paper; then add syrup of white sugar (S. G. 1,261) five pints (wine gallon measure).

The syrup thus obtained is unalterable and easy of administration. The iodide of potassium, which is present in excess, fulfils the double object of securing the solubility and exact combination of the deuto-iodide of mercury, and of acting medicinally against those diseases for which the deuto-iodide is successfully employed.

M. Boutigny does not enter much into the medical qualities of this syrup, nor does he seem to be aware of the use to which this combination of iodine, mercury, and potassium has been applied in America, where it is in the highest repute. In the *American Journal of Medical Science*, we find a detailed statement of its effects accompanied with cases by Dr. Hildreth. The opinion of this physician is, that it is not applicable to any acute disease; and he did not find the same benefit to arise from its employment in phthisis that is reported by Doctor Charning; on the contrary, the symptoms seemed to be always aggravated. Dr. Hildreth has obtained the most happy effects from this deuto-iodide in diseases of the stomach purely functional; and for four or five years has not found any other remedy necessary. It gives to the digestive functions a tone and energy, which may be expected in vain from any other medicine. Under its influence, he says, appetite long suspended is restored; acidities, flatulencies, and constipation disappear; strength and flesh return, and the patient rapidly recovers his natural energy. As an emmenagogue, also, this salt possesses very decided energy, and relieves those violent pains which so often accompany the menstrual epoch. In leucorrhœa, also, he found it to have the most happy effects, even when the disease had proceeded so far as to produce barrenness for many years; after taking it some time, the disease ceased, and conception followed. In glandular diseases, an ointment composed of the same salt, mixed with hogslard had excellent effects.

SYRUP OF PROTO-IODIDE OF IRON.—In the number of the *Journal de Pharmacie* for September, there is a paper by M. Felix Boudet, in which, while he admits the correctness of Dupasquier's views on the iodide of iron, he questions the convenience of the small quantity of proto-iodide of iron prescribed by him, and recommends a stronger syrup. This is a matter of little moment. The most convenient way probably is, that the physician's memory shall not be encumbered with any ratio; but that in prescribing the syrup he shall simply add grana duo, tria, vel quatuor (as he may choose) ad unciam. This may give the apothecary a little more trouble, but let him charge for it; and it will be some further guarantee to the patient, that he is not swallowing some old, half-spoiled shopkeeper. Besides, it must be recollected, that the cough attendant on phthisis, the disease for which Dupasquier prescribes the proto-iodide, requires the constant soothing of some demulcent—an object for which his syrup is fitted by the small quantity of proto-iodide present.

UNEXPECTED FORMATION OF PRUSSIC ACID.—M. Persoz found that by digesting gelatine with very dilute sulphuric acid, there was a considerable production of prussic acid, ammonia, and carbonic acid.

PRUSSIC ACID—NEW PROCESS.—Dr. R. D. Thomson gives the following as the best process for extemporaneously obtaining medicinal prussic acid of the strength indicated in the London pharmacopœia. Take 43½ grains of cyanide of lead; two fluid drachms of dilute sulphuric acid (P. L.); six fluid drachms of distilled water. Pour the acid, previously mixed with the water, on the cyanide contained in a stoppered bottle. Put in the stopper and shake the bottle well. After proper subsidence, pour off the liquid for use.

COUNTERACTION OF PRUSSIC ACID.—Dr. Robinson of Sunderland poured four drops of prussic acid on the tongues of each of two rabbits; they immediately fell down, and did not rise again. The doctor then poured vertically on the occiput and spine, a cold solution in water of nitrate of potash and common salt. The effect was magical; a sudden resurrection ensued; and the animals frisked about in perfect health. M. Louyet repeated this experiment. He took two young strong rabbits; into the throat of each he introduced one drop of a mixture of one part of newly prepared prussic acid, with four parts of alcohol. The animals fell down as if struck by lightning; but immediately after, M. Louyet having poured on the head and back of the rabbits a very cold solution of common sea-salt, they recovered.

It follows that cold water is the proper means of restoring sensibility and muscular contractility to animals poisoned by this acid.—*Journal de Chimie Medicale*, September, 1841.

TO DISCOVER WHETHER MERCURIAL OINTMENT CONTAINS ITS FULL QUANTITY OF MERCURY.—Mix three parts by weight of commercial sulphuric acid, with one part by weight of water, and let the mixture grow cold. A small lump of the ointment if thrown in will barely sink in the mixture; for the specific gravity of the dilute acid will be 1.65, that of the ointment will be 1.68, if rightly prepared.

ELATERINE, the insulated cathartic principle of elaterium, has this great advantage over elaterium, namely, that it acts as a cathartic *without producing either colic or vomiting*. It is much more certain in its effects than elaterium. To prepare it, Dr. Bird directs elaterium to be boiled in alcohol. The beautiful tincture obtained is to be evaporated to dryness. The substance remaining is a mixture of green resin, a substance soluble in water and elaterine: solution of potash will dissolve away the former two, and the last will remain under the form of a white crystalline powder. It has a bitter taste, is scarcely soluble in water, is little soluble in ether, but is soluble in a moderate quantity of alcohol. Water precipitates it from alcohol and ether. The following is its most convenient formula:—

COMPOUND POWDER OF ELATERINE.

Take of Elaterine, three grains,
Bitartrate of Potash, ten drachms.
Mix, and divide into 64 doses.

COPPER IN MANNA.—Some time ago, manna was brought into sale, marked with spots of verdigres, which indicated its containing copper. It appears to have derived this from being collected in copper vessels. Copper was readily detected by dissolving the ashes of the manna in an acid, and testing with prussate of potash, polished iron, and hydrosulphuret of ammonia. The presence of copper in manna had, according to Gmelin, (*Annalen, Band.* XXXIV.) been formally detected by some apothecaries. This impure manna has been withdrawn from commerce in Baden.

ANTIDOTE TO THE POISON OF COPPER.—Hitherto liquid albumen has been relied on as an antidote for the salts of copper. But M. Benoist observes, that a person would labour under a great mistake who would suppose that by gorging the patient *largely* with albumen, the danger would be averted. On the contrary, it would be reproduced; for the compound of albumen with copper, instead of remaining in the insoluble and therefore innoxious state, would be re-dissolved in the excess of albumen. If on the other hand, too little albumen be employed, the albuminous compound will be dissolved in the excess of the cupreous salt. Hence, this antidote cannot be depended on, as we do not know the exact quantity of it necessary.

On this account, M. Benoist proposes to employ solution of carbonate of soda, which forms with cupreous salts insoluble precipitates of carbonate of copper. He administered salts of copper to several dogs, and afterwards the solution of carbonate of soda; the effects of the poison were thus counteracted. To a dog of a moderate size, he gave upwards of an ounce troy of carbonate of soda, without producing any ill effects from so much alkali.

NEW PROCESS FOR OBTAINING IODIDE OF LEAD.—M. Juneval Girault recommends this substance to be prepared by the mutual decomposition of iodide of iron and acetate of lead. The precipitate obtained, is to be washed with frequent affusions of water acidulated with acetic acid, to remove a little iron. The iodide then remains pure, and of a beautiful colour.

NEW PROCESS FOR OBTAINING IODIDE OF POTASSIUM.—The same chemist recommends this salt to be prepared by decomposing iodide of zinc, in place of iodide of iron, with carbonate of potash. He shows that there are many advantages in this process, one of which is, that the carbonate of zinc which falls, may, by being heated red-hot, be converted into very pure oxide of zinc.

BELLADONNA PLASTER IN NERVOUS PALPITATIONS.—Dr. Seccipson applied this plaster over the region of the heart, to quiet violent palpitations: and Doctor Laycock has found the practice attended with great advantage. He assures us that pure extract of belladonna spread on leather, and applied moist to the sacrum or perinæum relieves nervous irritation of the bladder and rectum.

TANNIN IN COLLIQUATIVE SWEATS has been used by Doctor Charvet with great suc-

cess. He administers from half a grain to a grain and a half of tannin in 24 hours. On the grounds of greater safety he prefers this substance to acetate of lead, which occasionally produces unpleasant effects.

On the Employment of Solutions of Opium in Collyria.—M. Labordette thus expresses himself (*Journal de Chimie Medicale*, October, 1841)—There are physicians, who, not understanding the reaction of substances which they prescribe, employ medicines the nature of which is changed by the action of one product on another; and, when they fail to attain the end proposed, shuffle on the apothecary the blame of the error of which themselves are guilty. Amongst the mistakes which they commit in this respect, one is the employment of tincture, or other solution of opium, in collyria, containing sub-acetate of lead. Instead of obtaining a collyrium capable of quieting and resolving, a liquid results holding in solution acetate of morphia, with a floating precipitate of meconate of lead. The nature of the medicine is thus altogether changed, and cannot accomplish the views of the prescriber. It is on this account, that I propose (he says) to substitute for the solution of opium, the acetate of morphia. This would certainly be an improvement; for then the virtues of lead and of opium will really co-exist in the collyrium. In Dublin, the error is very generally committed.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths from all causes, registered in the week ending Saturday, the 13th November, 1841:—

Small Pox	4
Measles	38
Scarlatina	16
Hooping Cough	42
Typhus	23
Total epidemic, endemic, and contagious diseases	32
Diseases of the brain, nerves, and senses	127
Quinsey	1
Bronchitis	13
Pleurisy	1
Pneumonia	70
Hydrothorax	3
Asthma	14
Consumption	123
Diseases of lungs, &c.	9
Diseases of the heart and blood-vessels	20
Diseases of the stomach, liver, and other organs of digestion	62
Diseases of the kidneys, &c.	1
Childbed, diseases of the uterus, &c.	10
Diseases of the joints, bones, and muscles	3
Diseases of the skin, &c.	1
Diseases of uncertain seat	116
Old age, or natural decay	58
Deaths by violence, privation, or intemperance	22
Causes not classified—Laryngitis 2, Stricture of Œsophagus 1, Disease of Pancreas 1, Paramenia 1	5
Causes not specified	0
Deaths from all causes	814

Temperature observed by Mr. Roberton, at the Royal Society for the weeks ending

	Nov. 6th.	Nov. 13th
Highest	54°	56°
Lowest	45°	40°
Daily mean	49°	49°

University College.—Dr. Davis has from ill health resigned the chair of midwifery; Dr. Reid supplies his place pro tempore.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

ARMY.

To be Assistant-Surgeon, G. H. Blake, M.D.—67th Foot, Surgeon G. Home, from half-pay 85th Foot, to be Surgeon, vice J. Reach, who retires upon half-pay.—Hospital-Staff, T. Kennedy, M.D., to be Assistant-Surgeon to the forces, vice Boyle deceased.—To be Staff-Surgeon of the 2d Class, Assistant-Surgeon J. H. Sinclair, M.D., from 55th Foot.—Assistant-Surgeon P. Robertson, from the Staff.—Assistant-Surgeon G. Rumley, M.D., from the Ceylon Rifles.

NAVY.

Surgeons—W. Graham, to the Apollo; A. Stuart, to the Malabar; J. Stuart, (B) to the Cornwallis; J. Tarn, from the Britannia to the Powerful; J. Little, additional Surgeon to the Cornwallis; J. G. Stuart, M.D., to the Alfred, vice Virling; J. Plimsall, to the Childers, vice Mudie; G. A. Munro, to the Pique, vice Dr. King.—Assistant-Surgeons: A. L. Christie, acting, to the Alfred; A. Borthwick, M.D., and C. A. Winchester, to the Cornwallis; W. Folds, to the Pique, vice Munro; A. Barr, (B) to the Avon; J. Caldwell, from the Apollo to the St. Vincent.

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CLINICAL LECTURES ON PNEUMONIA.

Delivered at the Hotel Dieu, Paris, by Professor CHOMEL.

LECTURE X.

On the Special Seat of Pneumonia.—What is the element of the pulmonary parenchyma which in pneumonia is especially affected by inflammation? I will answer this question by dividing pneumonia into *vesicular* and *inter-vesicular*:—denominations, which indicate that the pulmonary vesicles and the inter-vesiclar tissue may separately become the exclusive seat of inflammation.

We must, in the first place, acknowledge, that in the greater number of cases, the seat of the inflammation appears to be in the parietes of the vesicles themselves, which secrete within their cavity a liquid at first serous and sanguinolent, and which becomes gradually thicker until changed into purulent matter. The parietes of the vesicles becomes also thickened, and are rendered soft and friable like other tissues when attacked by inflammation. Hence the friability and ramollissement presented in these cases by the pulmonary tissue. In support of the opinion that the pulmonary vesicles are the ordinary seat of pneumonia, we will remark that the crepitant is but a lessened form of the mucous râle, and as this latter indisputably proceeds from the bronchial tubes, the former must exist in their ultimate ramifications and terminal vesicles; we will add, that as inflammation of the smaller bronchi almost always accompanies that of the corresponding portion of the lung, it may be admitted that the inflammation which we have traced in the primary bronchial divisions is not abruptly checked in their more minute ramifications, but becomes extended into their terminal vesicles. We may further remark, that by gently forcing an injection through the bronchi, we give rise to a number of small masses in the lung, which, on division, present a grained appearance, exactly similar to that of hepatized parenchyma. It may still occur that the inflammation should originally attackr, not the vesicles themselves, but the inter-vesicular cellular tissue; cases of which MM. Hourmann and Dechambre have observed in the lungs of old men.

With respect to inflammation of the capillary vessels, we shall see, when treating of metastatic pneumonia, that the ultimate vascular ramifications of the lung appear to be, in certain cases, the original seat of inflammation, which afterwards attacks the surrounding tissues. We will not enter into the question, whether pneumonia, as well as all other species of inflammation, consists originally in a capillary phlebitis, as maintained by M. Cruveilhier; for this point appears rather to belong to general pathology, than to the history of pneumonia in particular. With regard to the opinion of Boerhaave, who contends for two species of peri-pneumonia, the one of which is seated in the bronchial arteries, and the other in the ramifications of the pulmonary artery, no fact has been established to authorise our belief.

Abscess of the lung.—Suppuration of the lung almost always occurs under the form of infiltration, very rarely as an abscess. This peculiarity seems to arise from the lung being so important an organ for the maintenance of life, that acute and extensive inflammation cannot take place in it, without the life of the patient being imminently endangered; in truth, he usually dies before an abscess can be formed. Hence, almost all the examples of abscess, mentioned by writers, are the result of lobular pneumonia, whether in the child, the adult, or the old man. Still the extreme danger of inflammation of the lung, when it has reached the stage of diffuse suppuration, does not appear to me to be the only cause of the rarity of abscess of this organ, and I am convinced that the organisation of its parenchyma also exercises an important influence. Its structure, in fact, presents numerous small cavities, the parietes of which are exceedingly slender, but from their peculiar formation are possessed of great resistance; the mutual support afforded to each other by the vesicles appears to me also to be of great importance in increasing the resistance of their parietes. Resting one against the other, and being equally filled with purulent matter, the communication between them can only be established by the softening and ulceration of their parietes. It requires, then, a much longer time for pus to become collected into an abscess in perenchyma thus organized than in any other organ, as the liver or the brain, where cellular tissue alone abounds, and where the other elements offer less resistance. What appears to support this opinion is, that as soon as, by pressing upon some part of a lung infiltrated with pus, we destroy the mutual support afforded to each other by the vesicles of this organ, we with great facility form a purulent collection. The rarity of abscess of the lung, however, is not so great but that authors have observed a certain number of instances. Those which we are about to refer to, will serve not only as a proof of their existence, which has been doubted by some writers, but will also enable us to describe its principal forms. We shall examine it first in the adult, then in the child, and lastly, in the old man; we shall afterwards describe some dispositions peculiar to this kind of lesion, and shall terminate by its anatomical diagnosis.

Pulmonary abscess considered specially in the adult.—Among several hundred post-mortem examinations, made on those who had died of pneumonia, during a space of more than twenty years, Laënnec met but five or six times with collections of pus in the inflamed lung; they were inconsiderable, few in number, and disposed here and there in lungs presenting the third degree of inflammation; their parietes were formed by pulmonary substance infiltrated with pus, and in an almost putrid state of ramollissement, which diminished in proportion to its distance from the centre of the abscess. Still Laënnec admits that, in certain exceptional cases, an immense purulent collection may be formed in the lungs. He has two or three times found enormous excavations occupying almost the whole of one of these organs, and which did not appear to be tracable to the ramollissement of tubercles. Among other instances, he gives that of a young man, observed at the Hospital Necker, in 1822; in the inferior and middle parts of the right lung there was a cavity capable of holding a pint and a half of fluid. The outer wall of this cavity, entirely destroyed for a space of more than six square inches, was replaced by the costal pleura, which was adherent on its inner surface to the circumference of the opening. Seven or eight branches of the bronchial tubes opened into this cavity, which was lined with a thin but firm layer of false membrane. This lung did not contain tubercles.

M. Andral has observed pneumonia terminate in true abscess; the patient sunk on the 19th day of the pulmonary inflammation. M. Honoré presented, in 1823, to the Royal Academy of Medicine, a lung in which one of the lobes was hepatized, and contained in its centre a cavity, the walls of which were smooth and rounded; it was capable of admitting a large apricot, and was filled with pus M. Boillaud also speaks of having seen two or three indisputable instances of abscess resulting from pneumonia. In one of these cases the abscess occupied the centre of one of the lobes in the lung of a woman who had died of acute pneumonia. The pus contained in this abscess presented all the characters of phlegmonous matter. The cavity of the abscess might have contained a small hen's egg; its parietes were somewhat fringed and irregular; all around this part the lung was in a state of grey hepatization.

M. Lallemand de Montpellier found in a woman, 53 years of age, who died at the Hôtel-Dieu, after having presented the symptoms of suppurative pneumonia, a cavity three or four inches in diameter, occupying the summit of the right lung; it was filled with pus, and with some broken-up pulmonary matter: its internal surface was blackish; some portions of the lung were floating in the liquid, and were merely connected together by the vessels and bronchial ramifications. The pulmonary substance forming the walls of the abscess was soft and easily torn. Another small abscess existed in the substance of the posterior border; the rest of the organ was in a state of diffuse suppuration; no tubercles were found either in this or in the left lung. At the same time, and in the same ward, M. Lallemand met with a case almost similar in a woman 50 years of age; a cavity, filled with phlegmonous pus, was situated in the summit of the right lung, which was free from tubercles; the summit of the left lung was infiltrated with pus, and somewhat resembled the enlarged liver, but did not contain any abscess.

M. Martin Solon has published in the 26th vol., 1st series, of the *Archives Génér. de Médicine*, a case of pulmonary abscess, of which I can only give the principal details. A woman, 45 years of age, entered the Hôpital Beaujon on the 13th of April, 1836; her left breast had been removed twelve or fifteen years previously, on account of a cancerous tumour which had been formed in it; when, on the 22d of April, she was attacked with pneumonia of no great extent in the right breast, and sunk fifteen days after the commencement of the inflammation. On the post-mortem examination there was found, opposite the 5th and 6th right ribs, and near their cartilages, an adhesion of the costal and pulmonary pleuræ, of a circumscribed and almost circular form, and nearly an inch and a half in extent. On tearing through this to disengage the lung, there escaped about a large spoonful of a white heavy liquid, inodorous, but thick and creamy. These adhesions covered over the middle lobe for the extent of a crown-piece; in the centre of this space there was a perforation forming a communication between a pulmonary excavation and the accidental pleuritic cyst. The pulmonary excavation, seated in the middle lobe, was large enough to hold two or three ounces of liquid; it however contained several spoonsful of pus. It was traversed by some filamentous cords, which were easily ruptured. The surface of the cavity was, in a very few spots, smooth as a mucous membrane; in nine-tenths of its extent it was formed of a kind of reddish detritus, softened, and infiltrated with purulent matter. Two spots, of five or six lines in extent, were formed by the pleura, which was yellowish, and seemed converted into eschars, which were readily separated from the rest of the membrane, and set free a purulent liquid filling up the cavity. One of these two spots corresponded to the fourth rib above the perforation of the pleura; the other was seated close to the pericardium; so that the pulmonary paren-

chyma between them was entirely destroyed. The rest of the lung was sound and crepitant; the left lung also was sound throughout the whole of its extent. The lesser curvature of the stomach was destroyed by an enormous cancer; the cavity of this viscus, and that of the duodenum, and of part of the jejunum, were filled with a quantity of blood of more than two pounds in weight.

The pulmonary abscess which I have just described was evidently the result of a partial pneumonia; it is interesting in this respect, that it would most probably have opened into the pleura and into the pericardium at the same time, if the patient had lived a few days longer. There was no symptom during life to lead to a suspicion of its existence.

In 1830, a man, thirty years of age, and of a previously good constitution, died under my care from an attack of pleuro-pneumonia, and who presented, during the last few days of his existence, all the signs of a pulmonary excavation, namely—gargouillement produced by succussion, pectoriloquy, the amphoric bruit, and metallic tinkling; fœtid pus was also rather copiously expectorated. One morning, whilst auscultating the patient, he threw up a large quantity of pus, which filled the spitting box; percussion, which had at first given a dull sound, rendered towards the termination of the disease a well-marked sonorousness. Death took place on the 43rd day of the malady.—*Post-mortem examination.* Wishing to ascertain if the pleural cavity was not filled with air, we pressed both hands against the parietes of the chest, and, after covering it with water, made a puncture into it; bubbles of air immediately escaped, producing a kind of gurgling; the left pleural cavity contained a large quantity of yellowish pus, bearing the odour of rotten eggs. In the corresponding lung was seated an enormous excavation, measuring 6 inches from above downwards, 4 inches from side to side, and 3 inches from behind forwards; it also contained a quantity of pus similar to that found in the pleura. The inner wall of this cavity was formed by pulmonary parenchyma; it was uneven, and in a state of putrid ramollissement; the outer wall was formed by the pulmonary pleura.

M. Lombard, of Geneva, has published in the *Gazette Médicale*, a case of pneumonia terminating in abscess of both lungs. The individual in whom this occurred was 36 years of age, of good general health, and not subject to cough. He sunk on the 14th day of the attack, after having expectorated during the last two or three days a fluid resembling the juice of plums. The pleuræ were sound, and without effusion. The right lung, hepatized throughout, presented, in its superior lobe, a great number of abscesses filled with thick and well-formed pus. These abscesses were rounded, and encircled by parietes of a smooth appearance, and of a vivid red colour; their size varied from 3 to 9 lines in diameter; the rest of the lung was in a state of grey hepatization, containing a semi-puriform fluid, though not collected into the form of abscess. The left lung, hepatized at the summit, contained some cavities, but less extensive than those of the right. No tubercles were found in either lung. The other organs presented no lesion worthy of remark.

We can scarcely admit, in this instance, that the purulent collections found at the summit of the lungs resulted from the softening of tubercles. This individual, in fact, was perfectly well, and had no cough before the invasion of the pneumonia which caused his death; the lungs did not present any tubercles; nay more, and this is a circumstance worth noticing, these purulent collections, which were all in the same advanced stage, consisted of a phlegmonous pus of a healthy character. This fact is interesting, since this was a case, not only of partial or lobular pneumonia terminating in suppuration, but also of diffuse hepatization, occupying the whole of the right lung and the summit of the left.

Pulmonary abscess in the old man.—According to MM. Hourmann and Dechambre, the parietes of the pulmonary cells in old men, on account of their extreme tenuity, become easily ruptured, and so give rise to purulent collections, or small abscesses. Large abscesses are rare with the women at Salpêtriere, for the above-named authors have only met with two instances among a considerable number of post-mortem examinations; in one of these cases the abscess occupied the greater part of the right lung.

M. Mercier has published, in the *Bulletin de la Soc. Anatom.*, several cases of pneumonia terminating in abscess in old men. These cases occurred under M. Prus, at the hospital for aged men, and are too important to be passed over in silence.

A patient named Mann, 78 years of age, entered the infirmary on the 12th of January, 1835, affected with chronic inflammation of the brain and its membranes. Besides the symptoms peculiar to this affection, he had exacerbations of fever towards evening; he constantly lay on the left side. From his first entrance into the hospital, he had cough and difficulty of breathing. They were unable carefully to examine his chest, from his complaining when the least effort was made to raise him; still it was ascertained that the posterior part of the chest possessed but little sonorousness, and every species of bronchial râle was present. The patient became gradually weaker, his respiration was more and more embarrassed; he expectorated freely yellowish white sputa, slightly frothy, and of a creamy consistence; he died on the 23rd of January. Besides the cerebral lesions, they found the lungs crepitant at their summit, and dense at their base. The inferior part of the right lung was the seat of pneumonia in the second stage, and here and there of purulent infiltration. In the left, all the degrees of pneumonia existed; at the lower part, and towards the root of the lung, a number of abscesses were found filled with a thick, creamy pus; some seated at the base might have contained a middling-sized walnut; those near the root were of the size of small peas; some were lined with a false membrane, smooth and well organized; others were devoid of this lining, and were surrounded with purulent infiltration; none of them presented that blackish circle so often found round metastatic abscesses; some communicated with the bronchi—others were perfectly defined without any communication. On lightly scraping with a scalpel the portions infiltrated with pus, the blade of the instrument became covered with matter exactly similar to that of the abscesses, which also resembled the expectoration during the last few days. There were no tubercles, nor was there any matter formed in any other part of the body.

M. Mercier also met with a second case of pulmonary abscess in an old man, 78 years of age, a woolcomber, who died on the 7th of April, 1835. The two lower thirds of the right lung were the seat of purulent infiltration, in the centre of which there were small recently formed abscesses, with irregular walls, formed of the broken-up remains of infiltrated tissue. These abscesses might have contained a small nut.

In a third individual, a bleacher, 75 years of age, who died on the 12th of April of the same year, M. Mercier found a lobular inflammation of the left lung, seated principally at the centre and at the base. In some parts he met with old abscesses, and in others with recent ones. Some of the lobules were here and there infiltrated with pus, whilst others were in a state of red hepatization. In some places the affection was distinctly limited to one or two lobules surrounded with tissue in a perfectly sound state.

In a fourth patient, a mattress-maker, 74 years of age, who died on the 22d of May of the same year, the two inferior thirds of the left lung were in the state of grey induration, in the centre of which were four or five small abscesses.

And finally—In a fifth individual, an old sailor, 73 years of age, who died on the 11th of August, 1835, the lesion was doubtful. Two months previously he had been affected with a well-marked left pleuro-pneumonia. A blackish-grey induration of the left lung was discovered, with several cavities filled with a granulous matter in the centre. At the inferior part of the pleura of the same side, there existed a circumscribed effusion of greyish pus, of a creamy consistence, the walls of this cavity being lined with false membranes. At the summit of the other lung, and in some of the bronchial glands, collections of matter were found similar to those in the left lung; they were surrounded by black indurated tissue. Although M. Mercier was unable to find any crude tuberculous matter, he was inclined to attribute these abscesses to softening of the tubercles from the inflammation which had existed some time before.

Thus, in 70 cases of pneumonia in old men, observed by M. Mercier in the course of one year, 29 of which were fatal, he met with at least four cases of abscess. This number is remarkable, for many hospital physicians have never met with one case in the course of a long practice. One would be disposed to think that the *medical constitution* had some share in causing this state; for the four first patients died in the months of January, April, and May of the same year.

Pulmonary abscess in the infant.—Abscesses are not uncommonly formed in the nippled pneumonia of infants. We then find a greater or less number of cavities, the size, form, and arrangement of which are similar to those of the hepatized lobules: these cavities are filled with pus, often mixed with clots of blood. Sometimes they are completely isolated from the bronchi which wind round them; at others they communicate with these canals. It is in such cases especially that these cavities may be confounded with the bronchial dilatations, unless great attention be used in the examination.

Pulmonary abscess in the new-born child.—Abscesses have also been sometimes observed in the lungs of new-born children. I had an opportunity of showing M. Andral the lung of a new-born child, the surface of which presented a great number of rounded elevations of a yellowish-white colour, from two to five lines in diameter, and which on incision gave out a phlegmonous pus; a great number of similar purulent collections were seated also in the substance of the organ. There were no tubercles either in the lungs or any other organ. M. Depaul found the following lesions in the lungs of an infant, who died some hours after its birth:—These organs were uneven on their surface, heavier than in their natural state, and of a greyish colour. Some of these elevations, especially those whose outer covering was thin, had a yellowish tint; fluctuation was perceptible in many, and two of them occupied exactly the summit of the lungs; the others were seated indiscriminately over all the other parts. On cutting into them a cavity was found containing a greyish purulent matter. The sides of this cavity were irregular, of a grey colour, but more inclined to white than the rest of the pulmonary tissue, which appeared of its ordinary colour and consistence in those parts where suppuration had not taken place. Other cavities were found scattered in the substance of the organ, the parenchymatous tissue appearing to be reduced to simple partitions of one or two lines in thickness, separating these purulent collections from one another. There was no remarkable appearance about the trachea; the bronchi were obstructed by a thick mucus; no air had penetrated into the pulmonary tissue; the pleuræ presented traces of inflammation. M. Depaul at first considered these purulent collections as the result of tuberculous softening; he grounded this opinion on the seat of some of these abscesses, on their multiplicity, the natural state of the pulmonary tissue forming the partitions separating these collections, the irregularity, the density, and the greyish colour of their parietes; taking into account, also, the fact, that softened and suppurated tubercles have been many times observed in children still-born. This opinion, however, was not adopted by the greater number of the members of the society. M. Cruveilhier, among others, considered these as numerous abscesses, arising from partial inflammations of the pulmonary tissue. This author added, that he had observed many similar cases at the Hospice de la Maternité. We may also conceive the formation of abscess more easy in the lungs of new-born infants than in those of older children or of adults, if we consider that during intra-uterine life these organs are inactive and unimportant, and that the inflammation developed in them may sometimes run through all its stages, and arrive at suppuration without immediate injury to the patient affected by it; abscesses, however, are sometimes found in the lungs of children a

few days old. Billard found in a child, twenty days old, the right lung hepatized throughout nearly the whole of its extent. At the base of this lung, as well as in its middle lobe, he found three whitish projections, soft and elastic, which, when opened, set free a quantity of air, and then sunk down immediately. They were formed by a very thin cyst, inclosing a white inodorous pus, thick and somewhat streaky. The inner surface of these small cysts was red and granulated—externally it was blended with the tissue of the lungs. The bronchi had no communication with them; they were inflamed, and, on pressure, yielded some drops of pus similar to that just described.

Has the *medical constitution* any influence on the termination of pneumonia by abscess? I have already raised this question, when speaking of the numerous cases of pulmonary abscess related by M. Mercier; without wishing to affirm anything on this subject, we see that Laënnec is induced to admit this influence, from what he observed in 1823. In the course of that year he met with more than 20 partial pneumonias terminating in abscess of the lung. It is true that out of this number, Laënnec was only able in two cases to prove the truth of the diagnosis by a post-mortem examination, the patients having become cured in the other instances; but he affirms that abscess of the lung was not less certain in these last cases, which presented all the signs which, according to him, characterize this species of lesion.

This same author attributes either to the frequency of partial pneumonia in the north of Europe, or to the existence of a certain *medical constitution*, the numerous cases of abscess of the lung which Dr. Crichton, physician to the Emperor of Russia, and Professor Himley, of Gottingen, speak to having observed, supposing always that this frequency has been demonstrated by post-mortem examinations; for, he says, "if the opinion of these distinguished physicians is founded only on cases occurring in practice, upon symptoms observed only in the living, as appears to me to have been invariably the case with Dr. Crichton, it is evident that such observations cannot serve to clear up such a thoroughly anatomical question as this." And still Laënnec, by a contradiction, or by an inadvertency not easily understood, speaks to having recognised, by symptoms alone, abscesses of the lung with which 18 out of the 20 patients whom he observed in 1823 were affected.

In the next lecture I shall proceed to speak of certain special forms of pulmonary abscess, and of the anatomical diagnosis of this species of lesion.

In connection with this part of the subject, we append an abridgement of a table drawn up by Dr. Scstier, in relation to the statistics of pneumonia.

First, Pneumonia rarely occupies both lungs at the same time; most commonly it is confined to one lung, or even a portion of one lung; and the fissures which naturally divide the lung, form, as it were, a limit to the alterations of the tissue.

Secondly, *Pneumonia is more frequent in the right lung than in the left.*—In the winter of 1812-13, M. Chomel had occasion to observe a great many cases of pneumonia, of which 27 terminated fatally; out of this number 11 occupied exclusively the right lung, 7 the left, and in 9 others both lungs were affected, with this peculiarity, that in 5 subjects the right lung was much more inflamed than the left, and in 1 the left was more than the right. In 44 other cases, the right lung was inflamed in 23, the left in 17, and in 4 cases both lungs were inflamed. Out of a total of 521 pneumonias, there were 289 seated in the right lung, 169 in the left, and 63 affecting both sides; thus making a proportion of about 3 in the right, to 2 in the left lung.

What is the cause of this remarkable difference? Does it exist in circumstances foreign to the lung, or does it depend on an organization proper to the right lung?

Some have attributed it to decubitus being more habitual on the right than the left side; others to the greater activity of the right upper extremity. But the first explanation, although applicable to new-born infants, who, it is proved, are almost always placed on their right side, is of no value when used in reference to older children, and especially to adults and old men.

As to the second explanation, it does not seem to have any foundation, since women, in whom the action of the right limb is not much more marked than that of the left, are still affected with pneumonia on the right side much more frequently than on the left.

Left pneumonias are more frequent in women than in men; they form, according to M. Lombard, only a fifth of the whole number in men, whilst more than a third of the number of women attacked by pneumonia, present it on the left. Women, then, are nearly twice as subject to left pneumonias as men. This is also the case with female infants, although in a less degree. M. Lombard has not found, in the anatomical structure of the heart and large vessels, any circumstance to explain this increased frequency of left pneumonia in the female, over pneumonia of the same side in the male.

This predominance of pneumonia of the right side over the left, this author attributes to the differences presented in the divisions of the pulmonary artery of the right and the left side. The primitive branch of the right pulmonary artery is larger than the left; its direction is more transverse, so that the quantity of blood which traverses the right pulmonary artery in a given time, must be greater than that passing through the left in the same space of time. From this cause, doubtless, there is more functional activity, and consequently a greater disposition to inflammation in the right than in the left lung.

Does pneumonia indiscriminately affect the different regions of the lung? This is a question which requires a satisfactory solution. Out of fifty-nine observations, M. Chomel found the inflammation seated in the summit of the lung in thirteen; at the base in eleven; the entire lung was affected in thirty-one; the posterior edge of both lobes in three, and the middle part in one. In 88 cases occurring under M. Andral, the majority of which were cured, the base appeared to be affected 47 times, the summit 30, and the whole of the lung 11 times. Another point in which this question becomes interesting is, that inflammation of the summit of the lung is much more dangerous than inflammation of the base. But we shall speak more of this hereafter. The facts collected by M. Andral would lead to the conclusion that, 1st, It is rare for a whole lung to be attacked with inflammation—only once in about 12 cases. 2ndly, Inflammation of the middle lobe also is very unfrequent, only occurring twice in 61 pneumonias of the right lung, in which the lobes were separately attacked. Still we should say that it is almost impossible to distinguish inflammation as confined to the middle lobe only in the living subject. 3dly. Inflammation of the inferior lobe of the lung is much more frequent than that of the summit; the former occurring in the proportion of three to one of the latter. 4thly. There is a remarkable difference in the frequency of the inflammation of the summit of the right and of that of the left lung. In fact, in 19 pneumonias of the summit, 18 occurred in the right, while only one was seated in the left lung. We must acknowledge our ignorance of this difference, which is not at all in proportion to the more general frequency of right pneumonias compared to the left. 5thly. Pneumonia of the base occurs almost as frequently in the left as in the right lung; and, 6thly, the posterior region of the lungs is much more affected than the anterior, and in those cases where it occupies both these regions at the same time, it presents itself in a much more advanced degree behind than in front. The exceptions to this rule are extremely rare.

Seat and extent of pneumonia in old men.—The obscurity of the diagnosis of pneumonia in old people, whether during life or even on the dead body, renders it impossible rigorously to establish this subject in a statistical manner. MM. Hourmann and Dechambre, however, think from their experience that they may assert that pneumonia is, of all acute diseases, the most dangerous in old age, at least in the old women at Salpêtrière. From their observations, these gentlemen have stated, that out of 88 post-mortem examinations, 70 cases belong to granulated or vascular pneumonia, and only 18 to the non-granulated or inter-vesicular species, thus making the vesicular pneumonia occur in the proportion of four to one of the inter-vesicular form. Out of the 18 cases of inter-vesicular engorgement, only five were accompanied by purulent infiltration.

As to the seat of inflammation in the different regions of the lung, these observers have arrived at the following conclusions:—

1st. *With regard to the side affected.*—In 88 cases, the pneumonia was seated 34 times in the right lung, 27 times in the left, and 27 times in both sides at the same time. Thus showing that the difference so remarkable in the adult between pneumonia of the right and left side is much less marked in the old man; and, on the other hand, that pneumonia of both lungs is much more frequent in old people than in adults.

2dly. *With regard to the lobes affected.*—In 72 cases, where the inflammation was limited to the summit or to the base, there occurred 40 pneumonias of the base, and 32 of the summit; thus pneumonia of the summit is much more frequent in the old man than in the adult. It is in the relation of five to six in the former, while in the adult it is one to three. Moreover, in 27 pneumonias of the summit, the inflammation was seated 10 times in the right lung, and 17 times in the left. Thus the law, so remarkable in the adult, that pneumonia of the summit is at that age much more frequent in the right than the left lung, ceases to be applicable in old age, and appears even, from the small number of observations hitherto collected, to assume an inverse ratio.

With regard to the borders of the lung, MM. Hourmann and Dechambre state, that in a number of cases examined by them, the non-granulated or inter-vesicular engorgement was constantly seated in the posterior border, while the granulated or vesicular species 12 times affected the anterior, and 25 times the posterior border.

Seat and extent of pneumonia in infants.—In children from two to five years, in whom pneumonia is most commonly nipplod (mamelonnée) or diffused; the right lung is rather more frequently affected than the left, and in a more intense manner; but the principal anatomical fact in reference to them is, that it is most commonly seated in both lungs, whilst we have seen that the contrary takes place in lobular pneumonia of the adult.

In new-born children pneumonia is most commonly double; in fact, in the proportion of 111 cases out of 128; moreover, it more commonly affects the right side than the left. In fact, in 17 cases where pneumonia existed in one lung only, it was invariably seated in the right; and in 69 cases of double pneumonia with predominance on one side, it existed 59 times on the right, and only 10 times on the left. Thus, in the new-born child as in the adult, pneumonia is more frequent on the right than on the left side; while in it as in the old man double pneumonia is much more frequent than in the adult.

BELGIAN ACADEMY.—The King of the Belgians has instituted a Royal Academy of Medicine in Belgium. The objects are stated to be—1st, To assist the government in all questions relative to public health, legal medicine, and veterinary medicine; 2ndly, To promote such researches and investigations as are calculated to advance the different branches of the healing art.

The Academy is divided into six sections, viz., 1. General and comparative anatomy and physiology; 2. Medical and pathological anatomy with therapeutics; 3. Surgical pathology, operative medicine, and midwifery; 4. Public health, medical police, toxicology, and legal medicine; 5. Materia medica, pharmacy, and medical chemistry; 6. Veterinary medicine.

DONATION.—A Native of great wealth in the Presidency of Bombay, has given a lac and 75,000 rupees for the purpose of founding an hospital in that presidency.

LECTURES ON CHEMISTRY.

By JOHN SCOFFERN, Esq., Professor of Chemistry at the Aldersgate School of Medicine.

In my last lecture I merely confined myself to a demonstration of the fact, that a broad difference existed between crystals which belong to the cubic, or regular system, and those which do not. To remember this is all important, but to devote much time to a minute investigation of each system individually, would be discordant with my plan, consequently I shall take leave of the crystalline systems of Weiss and Mohs, by presenting you with the accompanying chart of the various primary forms each system includes:—

1. REGULAR CUBIC, OCTOEDRAL, OR TESSULAR SYSTEM. *Cube, or hexaëdron, fetraëdron, regular octoëdron, rhombic dodecaëdron,* and *irapezoëdron.*
2. RHOMBOEDRIC OR RHOMBOEDRAL SYSTEM. *Rhomboëdron, bipyramidal dodecaëdron, and the regular hexagonal prism.*
3. RIGHT SQUARE PRISMATIC SYSTEM, OR PYRAMIDAL SYSTEM. *Right squarc prism, octoëdron with square base.*
4. RIGHT RECTANGULAR PRISMATIC SYSTEM. *Right rectangular prism, right rectangular octoedron, right rhombic prism, right rhombic octoedron.*
5. OBLIQUE RECTANGULAR PRISMATIC SYSTEM. *Oblique rectangular prism, oblique rectangular octoedron, oblique rhombic pris m, oblique rhombic octoedron.*
6. DOUBLY OBLIQUE PRISMATIC SYSTEM. *Doubly oblique prism, also called oblique prism with an oblique angled parallelogram for its base.*

It appears, then, that the primary forms of crystals are not very numerous; and judging fromthe foregoing table, one might, à priori, imagine that no great share of acmmen would be requisite to refer any crystalline body to its peculiar class. We must not forget, however, the existence of secondary forms which in some cases are exceedingly numerous, although bearing reference to one general type. Carbonate of lime, for instance, has been found crystallized in more than 600 different secondary forms, all derivable however from one original primary figure, namely, the rhomboëdron. The occurrence of such secondary forms can be easily conceived. For example, we know that the cube and octoëdron are two primary forms belonging to the tessular system; and it is evident, that if the four solid angles of a cube be cut away to a sufficient extent, the latter figure results, but if smaller portions of those angles be removed, then we have resulting a series of secondary forms, neither cubes nor octoëdrons, but somewhat allied to both. There are certain bodies, however, which crystallize in two forms of actual systematic deffence; sulphur affords a well-known example of the property.

This substance in its native state, or when deposited from its solution in bisalphuret of carbon, occurs in crystal of a *right rhombic octoedral form;* but its crystals obtained by fusion and slow cooling are *oblique rhombic prisms.* Now these crystals have no alliance in common; the former belonging to the *right rectangular prismatic,* and the latter to the *oblique rectangular prismatic system:* hence sulphur, and all other bodies similarly circumstanced, are termed *di-morphous.* I have already mentioned that identity of crystalline form can no longer be regarded as indicating identity of composition, or, in other words, that gronps of substances crystallize in the same forms; bodies thus circumstanced are termed *isomorphous* (*isos*, equal) *morphe*, forms); the discovery was made by Professor Mitscherlich of Berlin, in the year 1819, and opens a wide field of enrious research. It appears from his researches, that not only are certain bodies capable of assuming the same crystalline forms, but that such bodies may be substituted for each other in combination without affecting the external character of the compound; for example, *alum* is composed of *sulphuric acid potash* and *alumina;* but a salt may be produced having all the external characteristics of alum if we substitute *peroxide* of iron for *alumina*, either altogether or in part provided that the sum of *alumina* and *oxide of iron* be equal to the requisite quantity of *alumina*, which *would* have combined alone. Alumina and peroxide of iron, then, are said to be *isomorphous*, as is shown by the accompanying table, which indicates all the isomorphous groups hitherto noticed.

ISOMORPHOUS GROUPS.

1	8
Silver	Salts of Soda
Gold	Oxide of Silver
2	9
Arsenious acid	Salts of Baryta
Sesquioxide of antimony	——— Strontia
3	——— lime (in aragonite)
Alumina	——— oxide of lead
Peroxide of iron	10
4	Salts of lime
Arseniates	——— magnesia
Phosphates	——— protoxide of iron
5	——— manganesé
Sulphates	——— zinc
Seleniates	——— nickel
Chromates	——— copper
Manganates	11
6	Salts of Alumina
Perchlorates	——— peroxide of iron
Permanganates	——— oxide of chromium
7	——— sesquioxide of manganese
Salts of Potash	
Salts of Ammonia with one atom of water	

Professor Miller, of Cambridge, has shown that many bodies said to be isomorphons, in reality are not quite identical, but merely *very* similar in form; hence he has introduced the term *plesiomorphous* from *plesios*, near. Unfortunately here, as in many other parts of the course, we are obliged to anticipate our subject, and to use terms not yet explained; but the table just alluded to will be so frequently brought before your notice, that its terms will become quite familiar. The words *dimorphous*, *isomorphous*, and *plesiomorphous*, being explained, I must now acquaint you with the meaning of *pseudomorphous;* the literal translation of the word is *false form*, and may be thus exemplified. Suppose a cubical crystal of common salt had been originally imbedded in some hard substance, afterwards washed out and its place filled by *sulphur;* the latter body, of course, under such conditions, would occur in the form of a *cube;* but this would be a false, or *pseudomorphous* form, inasmuch as it was produced by *indirect*—I may almost say, *unfair* influences.

The systematic arrangement of crystals being discussed, we will now examine the subject of crystallography in some of its more practical details; first of all, then, let us ascertain how crystals are to be produced? The theoretical conditions for accomplishing this object are simple enough, although in practice we occasionally encounter difficulties. Crystallization, as I have already intimated, results from the most perfect and undisturbed operation of cohesion; therefore, in order to produce crystals, the following conditions are necessary:—

1st. To diminish the cohesion existing between the particles we desire to unite.

2nd. To bring those particles gradually near together, until they come within the sphere of each other's cohesive attraction.

Now these conditions may be fulfilled in several ways.

1st. By solution and evaporation.

2nd. By fusion and cooling.

3rd. By sublimation.

The first method, is, perhaps, the most general, and at the same time the most practically useful of all; scarcely a day passes without bringing it before our notice. As an illustration of this plan of forming crystals, you may at your own homes dissolve a little common salt or alum in water, and gradually cause the fluid to evaporate by applying heat. It follows as a matter of fact, quite independent of all theory, that in proportion to the quantity of water evaporated, will be the degree of approximation of the saline particles; hence they at length approach so near together, that cohesive union is the result, in forms more or less regular, as the evaporation may have been more or loss violent, and as the saline molecules (to speak figuratively) may have had more or less time to seek out their individual posts.

We need not investigate minutely the cases of fusion and slow cooling, or of sublimation, to see that similar conditions are fulfilled, and are productive of similar results; our object in the formation of crystals being, to allow *the cohesive attraction to act as gradually as possible.* There is nothing obstruse in theory of crystallization, although, to young beginners, it may appear so, on account of its being so little allied to common ideas, or entrained in the usual course of our thoughts. We may facilitate the comprehension of this subject by imagining the atoms, or molecules of all bodies to be endowed with individual intelligence and reasoning powers, desirous, moreover, of regarding certain commands. If desired to fall in rank and file, they attempt to do so, and if time be given them succeed; if hurried, however, they scramble irregularly, all symmetry of arrangement being lost. You see, gentlemen, I am not one of those who imagine that philosophy is disgraced by a familiar illustration, nor do I hesitate to impress a fact on your memory by a far-fetched analogy, frequently the more ridiculous the better; as a smile thus awakened proves such a conciliating herald to stubborn, but useful facts, that they are at length ushered into the brain, there to remain till death. The tendency which molecules possess of uniting in regular forms, is in no manner capable of better illustration than by certain examples where this result takes place, in spite of obstacles which are apparently insuperable. There are cases where even the indiscriminately arranged molecules of hard and solid bodies, acting in obedience to the laws of regular cohesion, mutually alter their positions, assume certain local arrangements, and in short form crystals! We have many familiar examples of this, barley-sugar is one. This substance is nothing more than sugar *rapidly* boiled down to a certain consistency, and then allowed to solidify by cooling. The particles composing it have not had time to arrange themselves in any definite manner, but yet, even in a solid state, they tend to do so, and eventually succeed; the barley-sugar becoming gradually converted into a series of small crystals. Brass wire, again, after a certain time becomes exceedingly brittle, a change dependent on the same cause. Mitscherlich and Methuon also have noticed a similar change to occur in crystals, of sulphate of magnesia or sulphate of zinc, heated in oil to a temperature of about 126 degrees, and then cooled.

It may be reasonably enough inferred from our remarks, that the limits existing between amorphous and morphous cohesion are by no means well defined; that, seeing the general tendency of particles to form crystals, we might expect to find evidences of such in masses apparently amorphous. Such indeed is the fact, as can be proved in several instances. If an amorphous piece of alum be allowed to remain some time in water, the process of solution will go on unequally, proving that cohesion (which antagonizes solution) is not everywhere equal; and lastly, well defined crystals of alum will remain. The beautiful crystals developed on tin plates, and constituting *moirée metallique,* are produced in a manner strictly analogous. The tin after being cleaned is made hot, then washed over with a mixture of nitric acid, hydrochloric acid, and water; in consequence of which treatment, those portions of metal least under the control of aggregation, or cohesion, are removed, and well-formed crystals developed.

The process of crystalization is modified by certain influences, in a manner that we cannot understand. Light, for instance, is one of these, and as an example of its operation, we need only regard the large bottles containing camphor, and placed in druggists' windows. It will be observed, that crystals of this substance accumulate almost exclusively on that side of the bottle nearest the light, and, *generally*, solutions from which light is excluded will not readily afford crystals. The presence of atmospheric air, again, is necessary, at least in some instances. For example—if a Florence flask, containing a saturated solution of sulphate of soda, (Glauber's salts,) be tied over with bladder when boiling, and afterwards allowed to cool, no

crystals will result; but on allowing atmospheric air to enter, a curious phenomenon is observed—the whole mass shoots at once into crystals, while heat and light are evolved. No satisfactory explanation has hitherto been given of this phenomenon. Some have imagined that crystalization, in this case, results from the agitation which is produced by admitting atmospheric air; but this notion is untenable, inasmuch as the solution may be agitated ad libitum, by shaking the flask, without producing the result in question. Others imagine (which is more probable) that a portion of atmospheric air is actually absorbed by such crystals, as a necessary element in their composition.

Electricity also influences the formation of crystals, but in a manner which has been so little investigated, that no precise deductions have been made, or generalizations established.

Many substances, during the act of crystallization, take up a definite quantity of water, which is essential to their crystalline constitution, and cannot be removed without destroying their crystalline form. The salt-alum is a well-known example of this—every 100 parts containing rather more than 46 parts of water. When heat is applied to salts thus constituted, they at length liquefy in their own water of crystallization, undergoing what is termed the *watery fusion*. Some salts, for example, the bicarbonate of soda, lose their water of crystallization and fall to powder—this is termed efflorescence. Salts which absorb water and dissolve like the carbonate of potash, or, indeed, to a slight extent common salt, are said to deliquesce.

There are certain salts which do not possess any water of crystallization; but, nevertheless, entangle some of this fluid between their particles during the act of crystallizing; consequently when such crystals are heated, the entangled water expands into steam, and a series of explosions results; this may be noticed by throwing some common salt into a fire.

This, gentlemen, is all I think necessary to mention relative to crystallization, a branch of study which has long since constituted a separate science quite apart from chemistry, but which we, nevertheless, could not have omitted, with propriety, to notice.

ON NECROSIS.

By GEORGE WILLIAMSON, Esq.

Read before the Westminster Hospital Medical Society.

And now, gentlemen, I must not conclude speaking on the symptoms of necrosis without alluding briefly to that most beautiful process by which nature either removes the dead and useless portion of bone, or co-operates with and assists the surgeon in his endeavour to obtain the same desirable result.

Exfoliation is generally performed by the formation of a groove termed *sequestrum;* this is the action of the absorbents of the living bone. This groove extends from the surface deeper and deeper, in its useful career undermining and detaching the dead portion till its size is entirely reduced. And now, if the periosteum has escaped the local havoc, we find it thickened and vascular, while new bone is forming, nature being always ready to rush to the spot with assistance and nourishment to repair the vacuum caused by disease. When again having completed the process, she withdraws her superfluous supplies, and we find the periosteum less vascular, pulpy, and granular; this tissue, in fact, rapidly assuming its original condition.—We now find the sequestrum either so superficial and loose as to be easily withdrawn, or incased in its new bone, requiring the operator's assistance to remove it. And as if to render still more beautifully complete her handiwork, nature leaves a series of *cloacæ* or *foramena* in the new bone to permit of the escape of matter, as long as the old sequestrum remains unremoved. Both flat and cylindrical bones possess the power of reproduction; even the scapula has been reproduced. The process is very slow in the bones of the cranium, when the pericranium has been denuded, and it is found that the dura mater has not the same reproductive power; but it is a no less curious fact, that when the outer table alone is removed, the "diploë and dura mater" unite and effect reproduction. I would be inclined to give it as my opinion, that all bones can be reproduced but the short "*curved*" ones, and they certainly cannot.

Dr. M'Donald found new bone formed previous to the complete death of the old; in fact, you can inject the vessels of the old during the formation of the new.

I am of opinion that the periosteum has a most important share in the new process, or why would it become thickened and vascular? The periosteum, separating from the bone about to perish, becomes vascular, pulpy, internally forming a nidus of coagulable lymph for its formation of a new bone.

Dr. Macartney says, the periosteum is removed after new bone is formed, and the adjacent cellular membrane converted into new periosteum. This I do not think can possibly be correct, for even when the new bone is formed it must be nourished, and as its vessels are connected with the old periosteum, the circulation is likely to continue in that course.

Finally, after the total absorption and removal of the sequestrum, and indeed during the whole process, there is no want of firmness, no shortening, and the muscular attachments are all preserved, being, I think, a most conclusive proof that the periosteum remains. Having gone fully, and perhaps too minutely into this complicated process, I will conclude my remarks with adverting to the constitutional and local treatment most likely to prove advantageous in cases of necrosis.

Treatment.—I am inclined to divide the treatment of necrosis into three stages, thus keeping pace with the development of the disease into, first, the acute inflammatory stage of formation; secondly, the completion of the sequestrum, though connected; thirdly, the loose sequestrum in its osseous shell.

In the first stage, the processes of the disease are all acute, so that the obvious indication is to check and moderate locally by fomentations, leeches, poultices, and even by cupping, and constitutionally by regulating the secretions, and averting fever if possible; but these measures, though affording a temporary relief, will not arrest the progress of the disease. If there is one object to which the surgeon's attention ought to be directed most particularly, it is the *formation* of matter; whenever this is indicated, a free and sweeping incision should be made, even to the bone; this will give permanent relief, inasmuch as the matter being confined to the surface of the bone by the periosteum, burrows and detaches this sensitive membrane, and is a source of intense pain. Having made our incision, we can often bring the disease into a comparatively quiet state, that is, nature can perform the processes of deposition and removal without interruption; it is in this stage also that counter-irritation is often beneficial. We now come to the second stage, that in which we have a sequestrum formed but not detached; this state of things is always proclaimed by numerous sinuses leading to the denuded bone. Some years ago it was the custom to apply diluted nitric acid to exposed sequestra; this had fallen into disrepute, but in the year 1835, Professor Delpech, of Paris, presented a memoir relating to the use of diluted sulph. acid, four or five times a day, and then removing the unsound portion by forceps. This plan of treatment has been fairly tested in the North London Hospital, and it is found to dissolve the sequestrum, but not to destroy the adjacent bone.

The complete process of "exfoliation" or separation often takes months to be completed. Some surgeons are partial to a succession of blisters, kept open by sabine ointment; this is embodied in the work of Mr. Crowther on Necrosis and diseases of joints. Nature has more than one enemy to contend against; we have not only a continued and wasting discharge, we have also fresh and oft-repeated attacks of suppuration, causing new formation of matter, and fresh constitutional disturbance; when, after a course of tonics, good diet, and every means to soothe the system, the evil continues threatening to involve the joints or articular extremities before the sequestrum is detached; then we are called on by the loud voice of humanity and the dictates of scientific surgery, to have recourse to the last hope of saving life, I mean amputation.

We have come to the last stage of this disease; the one where nature and art often combine in the process of reparation.

In this stage, the bone can only be regarded as a loose body, keeping up an irritative action, its removal, therefore, by nature or operation is indispensably necessary. Sometimes, one end of the sequestrum will protrude, and then you ought to enlarge the natural opening, and remove by forceps. Sometimes we have the sequestrum so surrounded by new bone, that it requires an operation to remove it; the sequestrum is often retained by the soft parts only, and I shall cite two cases recorded by Mr. Liston, where this was the case.

Case. 1.—An old lady had extensive disease of the cranial bones, with profuse and fœtid discharge. The drain on the system had materially impaired the powers of life; the probe detected the separation of the frontal and parietal bones from their investing membrane; this state was attributed by the old lady to repeated blows and falls on that part of the head; she suffered in consequence from inflammation of the membranes of the cranium; the symptoms had been combated from time to time by the exhibition of mercury. After the left half of the frontal bone had been exposed, Mr. Liston laid several of the openings into one; the sequestrum was loose, but its edge could not be exposed without exposing the scalp extensively. Mr. Liston here fixed a screw attached to an old-fashioned perforator into the substance of the exfoliation, it was removed with little pain and trouble; the cavity has been filled by membrane, but some large pieces still remain to be removed.

When we find the health pretty good, the discharge lessening, and the fistulous openings inclined to heal, I would leave the case to its own course; but when the health is suffering dangerously, and the sequestrum is felt loose, remove the dead bone at once; and you will ask what are the steps of this operation?

First, you make a longitudinal incision over that extent where loose bone can be detected by the probe.—Secondly, examine the sequestrum by the cloacæ now exposed, then by cutting the interspaces, we may remove the pieces one by one.—Thirdly, when dead bone is exposed, Mr. Liston's cutting pliers will generally effect a division; if this fails we have Weiss's screw, or even a trephine.—Fourthly, fill the cavity with lint, and use compression by bandages. The veins bleed freely, but cold or torsion generally obviates the use of ligatures.

To conclude, it seems to me that the careful remembrance of a few leading facts would much tend to render this tedious and dangerous process more manageable in the hands of the surgeon.—First, a careful attention to the preliminary symptoms, so as to distinguish between local and constitutional causes, and thus draw a distinct line of demarcation in our treat-

ment.—Secondly, the continuance of soothing means, and absence of all force, or attempt to remove the sequestra before they are quite detached.—Thirdly, the judicious and free use of the operative means prescribed, whichever may be indicated.—Fourthly, as of all tissues bone is the most disposed to reproduction, so should we wait on nature's operations, till we find the system becoming permanently affected; then, and not till then, should we operate.

TO CORRESPONDENTS.

A MEDICAL REFORMER' *asks us why we gave no notice of the interview with Sir James Graham, enjoyed by the deputation from the British Medical Association? First, we answer, because the parties in carrying out their grand, their almost sole principle of making the Association the contemptible jackal of the Lancet, confined all mention of their doings to that Journal; and secondly, because the interview was a mere much-a-do of nothings about nothing. Mr. Harrison, the active and indefatigable secretary, as the Lancet calls all secretaries,—lisped out a wish that the Government should adopt the Act of Parliament one of his friends had in his pocket—received a polite promise that it should be looked at, and was then quietly bowed out. When are we to have an Association that will really do something for medical reform?*

'A DOUBTING ENQUIRER.' — *The facts are these:—A boy, nine years of age, was admitted into University College Hospital, suffering under, it was supposed by the general practitioner who sent him in, aneurism of the caroted artery. On the right side of the neck was a large tumour, extending along the course of the carotid artery, from the angle of the jaw to within an inch of the clavicle. The tumour projected into the mouth, and, from its pressure on the neighbouring parts, seemed to occasion considerable dyspnœa, and a peculiar change in the patient's voice; the tumour had existed for about two months, and came on after a severe attack of fever. Mr. Liston, misinformed by the House Surgeon, or considering it impossible that so young a child should have idiopathic aneurism, punctured the tumour without much deliberation with a bistoury. A gush of blood immediately followed, covering the face and hands of the operator: the patient fainted from loss of blood, and the hæmorrhage continuing, Mr. Liston closed the wound with a couple of hare-lip pins and ligatures. He tied the artery on the following day; but the patient died of secondary hæmorrhage about a fortnight afterwards. Such is the case which we think might as well have been allowed to slumber in silence. Mr. Liston was no doubt hasty; but no surgeon of considerable practice can be expected to pass through life, wholly exempt from accidents of this untoward character.*

T. K. *will probably let us hear from him on more practical matters.*

HE GHOST OF HUNTER.'—H. F.—P. Q. R.—'A TEMPLAR.'—*A General Practitioner—declined, most of them from want of space.*

ANATOMICUS.'—*A Pupil, &c.—Satis.—Argus, if possible, abridged in our next. We have been obliged to postpone also Dr. Thomson's interesting case; and Mr. Kay's valuable paper on wounds. Both the latter will appear next week.*

Mr. H. J., Hull; Messrs. T. J. B., P. H., Lancaster; Mr. F., Leamington; Dr. B. and Messrs. T. G., F. P. H., Leeds; Mr. J., Maidstone; Mr. B. T., Minehead; Mr. W. W., Sudbury; Mr. P. and Dr. H., Kidderminster; Mr. J. K., Hereford; Messrs. F. H., T. D., Dublin; Mr. K., Foulsham; *safely received.*

A Constant Reader.—The assurance given to Mr. Guthrie by the Poor Law Commissioners extended, we believe, to the rejection of all Gentlemen who had not passed the College of Surgeons—and no further. The utmost alteration that can be made will not ask more than the passing of the Hall and College.

'ADVERTISER, &c.'—*Dr. Ryan was certainly not the writer of the letters of* Probe. *We are not aware that we have permission to say who was.*

P. F.—*We eschew Politics. A Medical Journal is not their place.*

'ASSISTANT SURGEON' *calls our attention to the wrong the profession suffers in the persons of our brethren in the Navy! We shall not overlook the subject. The conclusion of Mr. Deazeley's interesting paper on Anastamoses is unavoidably postponed till next week.*

Dr. Burne's Clenical Lecture on Abscess in the Liver next week.

A few Monthly Parts for October remain. The Monthly Parts for November are ready.

THE MEDICAL TIMES.

SATURDAY, DECEMBER 4, 1841.

—— facili sævitiâ negat
Quod poscente magis gaudeat eripi.
OVID.

BEFORE speaking more of the Honourable Member for Finsbury and the Anatomy Bill, we think it well to give him another week's waiting. In dealing with such a personage, we must, above all things, avoid precipitation. In soliciting the great, there is nothing more dangerous to the suitor than over-troublesome importunity. It is true that Mr. Wakley has said no to our request, but it would show little knowledge of the world to take that for a final answer. To concede at once in a great man is a sad waste of dignity, especially if little can be spared; and then there is so much pleasure in being waited on, and solicited to rescind the fatal word, which was only uttered to prolong solicitations. Mr. Wakley, it must be remembered too, is coy—much more coy than the ungenerous world surmises. He is, in truth, all shrinking delicacy;—his greatest bliss is the bliss of "blushing unseen;" and if there be any grave doubter in our assurance, we settle the question by asking if he has ever heard of the Hon. Member's blushing in public? Knowing, then, that Mr. Wakley, in the virgin modesty of conscious merit, must be wooed e'er won, and that in the irresolution of his *untried* innocence, his services must be secured by a gentle extortion, we think it wise to leave him for another week to the profession's fondest, sweetest wooings.

Instruction, manners, mysteries, and trades,
Degrees, observances, customs, and laws,
Decline to your confounding contraries;
And yet confusion live!
TIMON OF ATHENS.

THE Pharmaceutists' question has not been fairly dealt with. THE SCAVANGER of the profession—we mean, of course, the Lancet—has degraded it into a mere money quarrel, the Druggists' organs into a paltry contention of rank: both parties are as incapable of giving a moment's thought to the interests of the poor public, as of extending fair play to each other.

To look at the matter in calm justness of reflection, what, let us ask, do the Pharmaceutists demand? A right, nay, rather the liberty of exercising the right to advise and prescribe professionally. They claim the power of doing every thing that the physician and general practitioner have been educated to do, except visiting. We will not indulge in any specious sophistry in reference to the declaration of the Pharmaceutical Society, that the only difference between its members and those of the profession is, that the former do not *profess* to visit. The intention of the Society was plainly to distinguish its members as *non*-visiting apothecaries, and we will not disgrace ourselves by taking a paltry advantage of an inconsiderate ambiguity of terms. The question, then, clearly arising is this—is such an advising prescribing body required? We unhesitatingly say no. The supply of regularly qualified medical practitioners is notoriously superabundant for the wants of our population. Hundreds of medical men, we are assured on high authority, are yearly enlisting themselves as privates in the East Indian service. No advertisement, it is well known, can be inserted for an assistant, however small the salary, which will not bring a besieging army of applicants; and we can traverse no street in the metropolis in which our eyes are not sickened by the monotonous radiance of long rows of red and green lamps; in truth, the disproportion of the supply to the demand is so ludicrously great, that we might guarantee, with our present number alone, that there should be no patient for the next fifty years who, with an equitable distribution, might not command the exclusive services of two medical men.

Now, we must not forget that each of these unemployed practitioners have spent a small competency and much time in the acquisition of his right to prescribe; and that custom, as well as law, gives him a right to expect that an investment, so essential to the good of society, should be protected from ignorant and presumptuous intrusion. Common sense, therefore, as well as common justice—we cannot but consider—are equally against the pretensions of the Pharmaceutists.

So far we deal with the Druggists as competent for the work they seek. But,—and we blush to record it,—the Pharmaceutical Society, while making this unjust, *this dishonest* demand for its members, avows that they are incompetent to discharge the duties its concession would impose. Mr. Crooks, an unimpeachable authority, shall be our witness. "It must be acknowledged," says this gentleman, in his pamphlet for the Druggists, page 21, "that the Pharmaceutical Society, while defending the Druggists' right to prescribe, *admits his incapacity to exercise the right!*" Now we, foolish as we are—were accustomed to think that the *right* of dealing with human lives was not quite so *absolute* an affair; that it presupposed as a correlative the duty of knowing something of the business. But the Druggists open to us grander views of ethics. Ros-

seau tells us that the slayer of one man is a murderer, the slaughterer of thousands a hero—and the Druggists by the vastness of their pretensions and the lofty contempt they display for human life, are evidently resolved to desert their pestle and mortar for no altitude less than that of the heroic. Modest men! they have the right to prescribe, with the right of being utterly ignorant of what they prescribe about. If one of Moliere or Dicken's characters had uttered the pretension, we should have charged the writer with extravagant caricature—but the sober limits of custom and human vraisemblance are far too narrow for the aroused aspirations of the ambitious Phamaceutists. Not satisfied with stepping out of their own, and trespassing on another's territory, with injuring a class which above all other classes ought to be protected, and disturbing the whole arrangements of society,—they lay a claim of absolute property in the ailments of the poorer portion of mankind—the lives, or death, of the patients, being just so much in the calculation as they increase or diminish counter pennies.

Verily, the inviolability of human life is no doctrine of the Druggists.

But, we are told, that in time the Druggists will acquire competent knowledge. Meanwhile, what, we ask, is to become of their patients? It is vain to disguise the fact—the Druggists, beyond seeing in them the means to fill their till, can only look upon them as practising materials for their education. Now, without dwelling on the cold-blooded system of destruction which this flippant notion of the Society involves, we must be allowed to say, that no extent of positive practice will ever fit the Druggist for the duties of the professional adviser. His own department is sufficiently extensive for him, whatever his natural abilities. He cannot step beyond without hazarding the most fatal mischief. There is not in art or nature a more complex piece of mechanism than the human body, in which every variety of countless delicate parts converge to form the most inconceivably symmetrical and mutually dependant whole. Every untutored touch of such an instrument is a peril of serious derangement; and we can conceive no folly greater or more culpable than that which would allow a rude hand, on the pretence of repair, to grope about it in the dark, when no higher object can be gained than the acquiring, by repeated experiments of destruction, a knowledge which an ample abundance of better mechanicians, taught on wiser principles, already possess.

The positive mischiefs of counter-practice are not easily ascertained. Ignorant treatment may turn a bronchial affection to phthisis, a local irritation to fatal plegmasia, while none shall know the originating secret of the charnel-house. Thousands may pine through cursed years of misery with crippled frames, while nought may tell the errors that undid the healthy constitutions which nature made for happiness;—thousands may die of precipitated maladies, and the darkness which entombs the victims shall enshroud the unknowing hand that slew them. But if there be any force in the a priori argument—as who shall doubt it?—if cause have any essential connection with effect—and what truth is plainer?—we have moral evidence more conclusive than a thousand juries' verdicts, that Druggists have not prescribed, and cannot prescribe, without loss of human lives. If one maxim have demonstration in its favour more than another, it is, that ignorance cannot practise *at all* on human life without perilling—nor *extensively* without causing—DEATH!

We leave the subject unfinished, recording our solemn conviction, that the Druggists' pretension to advise and prescribe is nothing less than a pretension to murder. *Disguise it how they may, death brought on by improper treatment, where proper treatment may be procured, is murder!*

GLANDERS IN THE HUMAN SUBJECT.

FOUR IMPORTANT CASES—WITH OBSERVATIONS THEREON BY DRS. BERARD AND BOUILLAUD, OF PARIS.

CASE 1.—*Reported by MM. Lhommau and Rocher.*—G. Mullier, aged 41, a groom, was employed March 29, 1841, in a stable containing 87 or 88 horses, and had the care of eight of the number, all of whom were ill for about a fortnight, and had an abundant discharge from the nose; he washed their nostrils at least five or six times daily, but did not sleep in the stable. He does not recollect that he had any excoriation on the face, hands, or feet. A few days after entering the employment, however, he struck the anterior part of the left leg against an iron bar while harnessing one of the horses, but though the pain at the time was severe, there was no breach of surface, nor even a contusion, and he forgot the circumstance. About a month subsequently he became affected with ague, which assumed the tertian type, and was speedily cured by sulphate of quinine; but at the same time he experienced pain in the leg where it had been injured. The pain was dull, and increased on pressure, and was soon followed by the appearance of a tumour in the situation where the blow had been received; this tumour was hard, resisting—the size of a nut—painful on pressure—gradually augmented in size, and after a fortnight became red, fluctuating, and presented the character of a plegmonous abscess.

He was admitted to the Hôpital Necker, June 20th; the tumour was opened—a small quantity of pus found exit, and the part was cicatrized after about 12 days. During this time the patient complained of acute pain towards the sternal extremity of the right clavicle, which was more intense at night, and interfered with sleep. On examining in this situation, a tumour was discovered, which was already red and fluctuating—hard to the touch—and the size of a chesnut. Rest, mercurial frictions, and the emplastrum de Vigo dissipated the pain, and the tumour almost completely. The patient left the hospital on the 5th of July, and resumed his usual occupation, but was employed in the care of healthy horses; those he had previously groomed being intrusted to another man, who does not appear to have suffered from attending on them. He was far, however, from being restored to perfect health; he was feeble, without however suffering from pains in the limbs; he had scarcely any appetite—suffered from extreme thirst, and laboured under diarrhœa during the months of June and July, having daily five or six stools, which were very fœtid; greenish at first, and subsequently glairy; from time to time he suffered from nausea, occasionally terminating in vomiting; every two or three days he experienced slight rigors, which lasted two or three hours; his sleep was bad; he often suffered from headache, sometimes from vertigo, and frequently had a sensation of weight in the head.

July 12th.—While moving his arm in a bath, he perceived on the posterior surface of the forearm indolent tumour; which was painful however on pressure, or when the wrist was moved. On leaving the bath he felt slight pain in the right ancle, which has not, however, since returned.

A few days subsequently the perception of pain, a few fingers breadth above the right knee, led to the discovery in that situation of a tumour, which presented the characters just mentioned, viz., hardness, mobility, sensibility on pressure, &c.; this tumour, however, disappeared in a few days, and was replaced by another similar one, occupying the anterior and middle part of the left thigh.

Almost at the same period, *i. e.*, towards the end of July, the tumour in the sterno-clavicular region became painful, increased greatly in size, the skin covering it became red and thin, and fluctuation was obvious, when he entered the hospital on the 12th of August. Potassa fusa cum calce was applied to it, and on the fourth day a wine-glass full of pus resembling curdled milk was discharged. At this period the nature of the disease was recognised, and the patient was carefully watched. Little alteration occurred in his condition up to the 15th of September, at which period the preceding account was obtained from him. From that date his physiognomy assumed a peculiar aspect—the face appeared elongated—the skin was yellow—he was somewhat emaciated—the conjunctivæ were discoloured—the eyes were restless, but shared in the mournful expression common to the whole countenance—he expressed himself clearly, but slowly, and in an undertone, and the muscles felt flaccid. He stated that he had lost a third part of his bulk. He complained of headache, especially in the forehead, with a sensation of heaviness in the same situation; he often suffered from giddiness, and complained of great general debility. He has no pain in the limbs, except at the posterior part of the right shoulder, at which situation there is pain, increased at night, and during motion of the limb. He sleeps well, and all the senses are intact. He has not had epistaxis, the sense of smell is unimpaired, and there is no coryza. The sense of taste is also perfect, the condition of the tongue is also natural, sometimes there is thirst, but most frequently none. His appetite is sharp, and his rations are often insufficient to satisfy it. He sometimes suffers from nausea, but the diarrhœa has ceased, and the abdomen is soft and not painful. The thorax does not appear to be affected, but yet, in no situation is respiration perfectly natural; it is generally harsh, and inspiration is louder and more prolonged than natural. The heart appears healthy—pulse 100—strong, but compressible—the skin is hot, dry, but sometimes covered with perspiration—from time to time there are slight irregular rigors—urine abundant.

On the different parts of the surface there exist tumours which have been developed in the same way as those already described. The

wound on the sternal region is fistulous, its diameter eqnals that of a shilling, its edges are detached, and of a livid colour to the extent of a crown-piece; its bottom is ash coloured, and it yields an abundant discharge of tenacious, stringy, greyish-coloured pus; the vicinity of the ulcer is painful on pressure; the bone is not denuded.

The tumours on the right fore-arm and left thigh are ovoid, the size of a small hen's-egg, painful on pressure, obscurely fluctuating, and do not present any discolouration of the skin.

17th September.—M. Berard punctured the tumour on the fore-arm, and a quantity of well-concocted but tenacious greyish-yellow inodorous pus found exit.—A horse was inoculated with this pus, but the animal being old and infirm died without presenting any symptoms of infection.

Up to the 17th October the patient presented various symptoms. As rigors, sometimes slight, sometimes severe, and some accessions of fever, which were combated with sulphate of quinine. He was informed that the groom who had succeeded him was seriously ill, and *thoroughly rotten*, and that the proprietors of the stables were so alarmed that they caused fifteen horses to be destroyed at once; this account was contradicted the next day.

24th September.—After an accession of fever which lasted six hours, he experienced dull pains in the calf of the right leg, in which situation there was next day discovered a hard and very painful tumour. Perspirations then set in, the appetite was lost, the debility increased, and he only left his bed to go to stool. The alvine discharges were watery. The mouth was foul, but there was no thirst.

4th October.—The accessions of fever have ceased, and been replaced by an intermittent irregular sensation of cold occupying the entire region of the spine, and which is not dissipated even in a hot bath much warmer than usual. There was almost incessant nausea, which Seltzer water allayed, and the patient complained of a sensation as though something was arrested in the upper part of the œsophagus. Pains now appeared along the inner surface of the left tibia, and a slight redness at the upper part of the same region was followed in two days by the appearance of two small red painful cords, which followed the track of the saphena vein to the middle of the thigh; these cords were not indurated, and lost their red colour in a few days.

The patient now became very desponding; his physiognomy was depressed, and he frequently concealed himself under the bed-clothes and wept.

9th October.—He felt himself better, save that he suffered acute pains in the left knee, and that there was slight tumefaction of the leg; his sleep was improved.

About the 16th there supervened pain at the upper and inner part of the right knee, and a small hard painful tumour, surmounted by an oval rose-coloured patch, appeared in the same situation. The sensation of cold alternately disappeared and returned.—Pains, with slight tumefaction of the periosteum reappeared in the left leg, at the point where it had been formerly contused. His sleep became bad and disturbed by dreams relating to his habitual occupations, and his employment about the glandered horses. Wine and pills of lactate of iron, which he has used for some time, seem to produce no influence on the malady.

17th.—On suddenly awaking from one of his distressing dreams, he felt pain in the left cheek; the sensation was such that he felt whether there was not a pin in the pillow which had pricked him; in the morning the cheek was red and the seat of a pulsating pain.

Between 8 and 9 in the morning he had chills, followed by heat, which lasted four hours.

The next day passed without the return of any febrile access; but the cheek was more tense, redder, and more painful.

19th.—The inflammation, which is a kind of œdematous erysipelas, of a dark livid colour, has spread to the eyelids (the eye, however, remaining healthy and visible), extending above to the eyebrow, below to the middle of the cheek, internally to the nose, and externally to the ear. Two greyish black spots have formed on the cheek which are studded with fifteen or twenty blueish-yellow pustules, similar in size and shape to millet seed.

There is some difficulty in opening the mouth; the tongue is of a vivid red colour and dry; there is no thirst; appetite gone. There is no nausea, the diarrhœa continues (three stools daily); skin hot and dry; pulse hard, dicrotous 78—80; slight headache; the patient is very anxious and depressed, and remarked despondingly that his hair had turned grey during his illness.

The night of the 20th he had no sleep; there is heaviness and debility of the limbs. The tumefaction has augmented, especially towards the forehead; but he can still separate the eyelids. The two livid spots have run into one; the pustules have shrunk and assumed an irregular shape, and their base has become blackish. On detaching the epidermis a reddish sanguineous serum exudes, and the dermis appears black and sloughy. Some smaller similar spots, with a sero-sanguineous bulla, have formed in the vicinity.

21st.—The entire base of the nose is swollen, red, and shining; there is slight snuffling, though the patient does not experience any obstruction of the nares. The tongue is red and clean anteriorly; sleep improved; but the sensation of cold between the shoulders and along the spine has returned. The joints and limbs are painful, so that he lies motionless on his back.

23rd.—The pains are more acute, especially in the various tumours. He can scarcely move; there is a continual convulsive motion of the lower jaw.—The nose is of a pale red, but the erysipelas has extended to the right cheek. There is a flow of tears from the external angles of the eyes. A small red, hard, painful tumour has formed on the dorsum of the left-hand.

24th.—Since yesterday evening the respiration has been laboured and rattling; there has been incessant raving, and the fæces have been passed involuntarily. The erysipelatous swelling has extended towards the forehead, where the skin is tense, shining, and of a livid red colour. On the left temple two violet-coloured spots have appeared, and a black slough has formed at the inner part of the left upper eyelid.—The patient answers questions correctly, but his voice is hoarse. The mouth is filled with viscid saliva, and deglutition is difficult. There are occasional eructations and efforts at vomiting, and a short, hard, apparently painful cough; tongue dry; skin burning, dry; pulse small, hard, 130.

25th.—Was very restless during the night; swelling and redness of the right cheek increased; large violet-coloured bullæ have formed beneath the right eye; the redness has diminished on the left side.

Three or four greyish-white globular pustules, from the size of a hemp-seed to that of a pea, and surrounded by a dark red areola, have formed towards the angle of the right jaw; they contain a soft greyish-white matter, which resembles pus or concrete albumen. About a dozen similar pustules are scattered over the surface of the body. In the evening he died; no mucous discharge occurred from the nostrils.

The *post-mortem* examination was performed on the 27th. 12 hours after death, in the presence of MM. Rayer, Bricheteau, Trousseau, Briquet, &c.

The body presented no trace of decomposition.

On the surface of the trunk and extremities there were scattered about 20 flat, reddish, imperfectly developed pustules. The integuments of the face were free from tumefaction or discolouration, save at the ulcerated points, which were blackish.

The membranes of the brain, and the brain itself, presented a perfectly natural appearance.

Nasal Fossæ.—On the right side the mucous membrane of the septum was covered superiorly with small funguses and ulcerations, similar to those which will be described as occupying the mucous membrane of the spongy bones and meati. The mucous membrane covering the superior spongy bone was healthy, except posteriorly, where it presented a fungous aspect, and three or four greyish rounded pustules, as large as a grain of millet seed. The middle spongy bone presented at its central part a red irregularly circular fungous projection, and the mucous surface was covered with small ulcers with oblique sinuous edges, and of a bright red colour, when the ash-coloured mucus which covered them was removed. These ulcers, which were at the utmost as large as the head of an ordinary pin, were intermixed with the greyish, miliary, globular pustules already mentioned. Similar appearances were observed on the mucous membrane of the inferior spongy bone, and throughout the residue of the right nasal fossa and of the left nasal fossa generally. No morbid appearance existed on the velum; the left tonsil presented a few small ulcers.

An arborescent redness was observed on the posterior surface of the epiglottis. The mucous membrane covering the inferior chordæ vocales seemed to be destroyed, and their yellow ligamentous structure was exposed. The arytenoepiglottidean ligaments were remarkably infiltrated with a gelatinous material. There was no other alteration in the larynx, trachea, pharynx, or œsophagus. The submaxillary glands were healthy.

The heart and great vessels were natural.

The left lung was merely congested. The entire inferior lobe of the right lung was hard and hepatised, the parietal pleura was thickened inferiorly, and an abscess existed, apparently developed in the thickness of the pleural false membrane.

The liver was hypertrophied, and very voluminous. The spleen was firm, resisting, friable, and at least double its natural size.

The intestines were unaltered. A very fœtid, greenish, puriform matter coated their mucous surface.

Numerous abscesses occupied most of the muscles; they contained a concrete greyish pus of the consistence of cheese; each abscess was separated from the neighbouring parts by a very fine cyst. The wrists were the only joints that were opened, and they were healthy.

An interesting but lamentable part of this case is to come: we give it in the words of M. Berard to the Academy of Sciences.

"The transmission of farcy and of glanders from the horse to man, is a phenomenon which numerous and well-authenticated facts have placed beyond doubt, and no one can now-a-days dispute the reality of this contagion. But up to the present time, we had no instance of a man affected with acute glanders having communicated this disease to persons who approached him, or by whom he was attended. Still there was reason for fear on this point, since the contagious property of

glanders in man had been proved by the result of inoculations made on horses with the pus formed in patients attacked with this terrible disease. This dread is now unhappily confirmed, I will now present to your notice a case of and glanders communicated by one man to another.

Case 2.—M. Rocher, student of medicine, and one of my pupils at the Hospital Necker, had the care of dressing the wounds of a patient affected with chronic farcy, terminating in acute glanders, of which he died last month. The dressings had necessarily caused a daily contact between the patient and the pupil; the latter, also, full of zeal for science, prolonged these interviews with the farcied man, making a minute examination of the disease, the particulars of which he collected with the greatest care. After the death of the patient, M. Rocher took a very active part in the autopsy, and whilst the nasal fossæ were being sawed through, he fixed the head, by pressing his hands upon the integuments of the temples and face, which were the seat of the gangrenous eruption peculiar to glanders. I should add, that, during all the time that M. Rocher dressed the patient, he had no excoriations nor wounds on the hands, and was always careful in washing himself after having touched him.

Such are the circumstances under which M. Rocher contracted the disease. Shortly before the death of the groom, he had experienced colics and diarrhœa; but it was not till the night following the autopsy that the disease declared itself. M. Rocher awoke with a shivering fit, succeeded by fever and general uneasiness. The two following days, although painfully wearied, he got up and even quitted his room; but on the third day the pains became much sharper, fixing themselves in the left thigh, the right shoulder, and the right side of the chest. On the fifth day, I discovered in the substance of the thigh and of the shoulder swellings, having the character of farcial tumours, and hence I formed the most grave prognosis on the issue of the disease.

In the course of a few days, the tumour in the shoulder was re-absorbed, that in the thigh became softer, and fluctuating. I made an opening into it with a bistoury, six days after its appearance. The liquid which escaped was formed of pus mixed with blood. It was kept and given to M. Leblanc, who inoculated a horse with it the same day.

Another tumour, preceded by excessive pain, made its appearance on the inner malleolus of the right foot, and in the space of three days it also suppurated.

Finally, fourteen days after the appearance of the disease, the skin of the nose became red, hot, and painful; the next day the redness spread to the cheeks, to theeye lids, and to the middle of the forehead; gangrenous vesicles with pustules appeared scattered over red and puffed portions of the face.

These symptoms were still more marked on the following day; a sanguinolent liquid exuded copiously from the nose; numerous pustules covered all parts of the body, and M. Rocher sunk in the night of the sixteenth day of the disease.

The horse inoculated by M. Leblanc died the same day, after presenting the symptoms of farcy and acute glanders. The examination of his nasal fossæ showed the existence of the lesions characterizing the latter affection. "This case," added M. Berard, "incontestably proves the contagious property of the glanders as conveyed from man to man. M. Rocher did not contract this disease by inoculation; he had no excoriations on the fingers during the whole time that he dressed the glandered groom; he neither pricked nor cut himself at the autopsy; he was always careful to wash his hands after touching the patient. It must then be by a miasmatic infection, similar to that of variola and scarlatina, that he contracted the glanders.

"This fact presents great interest in regard to science, but it is still more important with respect to public health; it shows us that there is considerable danger in attending on persons affected with the glanders, and it will consequently induce medical men to take, as well as to recommend, certain precautions to protect themselves from the contagion. I should add, that this fact is of a nature to awaken the solicitude of government, and to urge on its part the most rigorous execution of the laws prescribing the destruction of glandered horses."

The importance of the subject induced the Academy to refer M. Berard's communication to the examination of the *Committee of Medicine and Surgery*.

We conclude our statement with the interesting observations addressed by M. Bouillaud, on the subject of glanders, to the Academy of Medicine, during the last week. The following case, he said, was one which occurred under his care at La Charité:—

Case 3.—"A youth named Latellier, seventeen years of age, a labourer, of a delicate constitution and lymphatic temperament, noticed, three weeks ago, that after some fatiguing work, a painful tumour appeared on the middle of the chest. A week afterwards, he entered the hospital under M. Velpeau, who treated these symptoms by the application of a blister and mercurial frictions. He then, after adopting a general blood-letting, passed him into a medical ward. The patient then presented a slight stoppage in the nose, fœted breath, the tongue was covered with black streaks, and there was erysipelas on the face. The nostrils were examined, but without discovering any lesion. The nature of the disease was therefore doubtful. Blood-letting showed the inflammatory coagulum. On the next day he manifested fierce delirium; pulse 138. This day numerous pustules were seen on different parts of the skin, especially on the face; M. Bouillaud was struck by their resemblance to those of the glanders. The individual died in the course of the day."

Portions taken at the autopsy had already been submitted to the Academy. We will merely mention that considerable muscular abscesses were found. Many of the pustules on the skin had become ulcerated. The nasal fossæ presented greyish ulcerations, the size of which varied from four to twelve millimeters. In the intervening space, there were found pustules in their different stages. An ulcer of a larger extent was seated at the commencement of the pharynx. One of the amygdalæ contained pus. In truth, it was a well-marked case of acute glanders in man. It was, however, but on the day of his death that M. Bouillaud was able to diagnosticate the disease, and none of the physicians who had attended this individual before, had been able to recognise it. Everything, in fact, tended to throw doubt over the nature of the case. He had neither a discharge from the nostrils, nor pains in the nasal fossæ. The patient also remembered no previous circumstance to lead him to believe that he had come in contact with glandered horses. And then the stoppage of the nostrils and erysipelas of the face, which he presented, are very common symptoms of that stage of typhus in which we supposed him. It was only after death that they were able to collect the most positive signs. His father then told them that he had conducted and looked after two omnibus horses affected with glanders; and MM. Leblanc and Rayer ascertained that these animals decidedly presented this disease."

M. Bouillaud concluded by expressing a wish, that the commission, named by the Academy for examining the question of glanders, would soon make its report. "Sufficient human victims," said he, "have been already sacrificed to this monster which has lately afflicted the pathological world, and it should henceforth be confined to less noble victims. The Academy will thoroughly comprehend the importance of its high duties, and silence on such a subject would be a public calamity."

M. Ambrose Tardieu, house pupil of La Charité, then presented to the Academy the larynx and trachea of a man who died of acute glanders, on the 10th of November, 1841, under the care of M. Rayer, after presenting the symptoms of farcy and chronic glanders.

Case 4.—"This individual, named Martin 34 years of age, was for three years, from 1834 to 1837, employed as a groom at the *Ecole d'Alfort*, and, as M. Mignon asserts, was in constant contact with glandered horses; at this period he had suffered from a constant and dull pain in the throat, for which he consulted many physicians, who were not able, he said, to discover any lesion in the pharynx. He had at the same time a stuffing in the head, and blood flowed when he blew his nose; he had never had the venereal disease. After leaving *Alfort*, he still continued to look after horses, many of which had farcy or glanders. Towards the middle of July, 1841, an abscess on the left instep compelled him to enter *La Charité*. During the whole course of the disease, no other abscess appeared externally; but since his admission, a large fungous ulceration appeared on the roof of the palate, which resisted both a mercurial treatment and successive cauterizations. The strength gradually failed, the constitution was broken, and on the 6th of November he was taken with all the symptoms of acute glanders, under which he sunk at the end of five days. At the autopsy, it was found that there were all the usual lesions of acute pustulous glanders, both in the nasal fossæ, where the morbid alterations were considerable, and in the viscera. There also existed chronic alterations, which it was impossible not to recognise, and which were not effaced by the more recent lesions, as might be the case in the nose;—1st, on the palatine roof, where the ulcerated mucous membrane covered over the eroded bone, it was rugose, pierced with holes, and ulcerated away;—2ndly, in the air-passages, the internal surface of which, from the apex of the epiglottis to the division of the bronchi, was but one vast cicatrix, which must have been formed some time since. The mucous membrane was thin, adherent, generally pale, and in some parts almost white, dry, and transparent, without congestion or pustulous eruption. Fibrous bands of great firmness, arranged in numerous lines, in some parts intercepted, and re-united in a thousand ways, constituted an areola of network, occupying the whole extent of the inner surface of the larynx and trachea.

The seat of these lesions, which have been often observed in horses, and the nature of which would be at once known in them, gives to this case the characters of chronic glanders, and this is the first instance of tracheal cicatrices, from farcy or glanders, occurring in man.—[*Extracted from the last numbers of the Gazette des Hopitaux, the Gazette Medicale, and completed from the illustrative notes of a Correspondent at Paris.*]

ŒDEMA OF THE LUNGS.

When œdema of the lungs supervenes after an attack of scarlet fever, it will almost always require antiphlogistic measures; and in my practice I have found that I very seldom have been able to remove, even in the slightest degree, the effused fluid, until after an abstraction of blood.

On the 4th of March, 1841, I was summoned to prescribe for a young gentleman, ten years of age, who had had scarlet fever three weeks previously. The cellular membrane throughout the entire of his body was infiltrated by serum, and his skin in some parts was so extremely distended, that apprehensions were entertained of its bursting. His breathing was somewhat difficult, and a râle subcrepitant was distinguishable at the lower parts of the lungs. Cough slight, with watery expectoration. He complained of considerable pain in his loins; his urine was small in quantity, rather high coloured, and coagulated abundantly on heat. Thirst considerable; bowels open; pulse quick. The gentleman who had been in attendance had treated the case by tonics and stimulants; and a nourishing diet, including wine, had been ordered.

Under this plan the poor boy was getting daily worse and worse; and at the time I was called in, he had been given over by his friends. It appeared to me that the treatment was altogether wrong, and that the only chance of saving life was to adopt the very reverse. I ordered blood to be taken away from the region of the kidneys by means of leeches, prescribed an antiphlogistic diet, and the following medicine:—

℞. Pilulæ Hydrargyri, ℈j.
In pilulas quatuor divide, capiat unam, omni nocte.

℞. Aceti Scillæ, ℥ss.
Spiritûs Ætheris Nitrici, m. xxx.
Aquæ Distillatæ, ℥vss. M.
Sumat cochlearia magna duo, ter indies.

March 5th.—The leeches abstracted a considerable quantity of blood; no pain in back; feels altogether better.

Continuetur pilula et mistura.

March 6th.—Sleeps but little; passes rather more water; in other respects much the same as yesterday.

Continuetur pilula. Repetatur mistura, cui adde Tincturæ Hyoscyami, m. xxx.

March 8th.—Much the same.

Repetatur mistura. Capiat pilulam, manc nocteque.

March 10th.—Has taken cold; complains of pain in the chest; cough troublesome; mouth slightly tender; dropsical effusion rather increased since last report.

Applicetur emplastrum cantharidis thoraci.
Repetatur mistura.
Omittantur pilulæ.

March 15th.—Pectoral symptoms abated; dropsical effusion diminished; urine still coagulates abundantly on the application of heat; bowels regular.

Omittantur mistura.
℞. Tincturæ Digitalis, m. xx.
Aceti Scillæ, ℥ij.
Spiritûs Ætheris Nitrici, m. xxx.
Aquæ Distillatæ, ℥vj. M.
Sumat cochlearia magna duo, ter indies.

From this time he rapidly improved, and by the ninth of the following month not a vestige of the disease remained, with the exception of an exceedingly minute quantity of albumen in his urine.

This case is an illustration of the beneficial effects of the topical abstraction of blood and digitalis in œdema of the lungs and anasarca, with an albuminous state of the urine following scarlet fever. On the 15th of March there was evidently an improvement; but when digitalis was added to the mixture the cure proceeded rapidly.—*Dr. Catherwood on the Lungs.*

ST. VINCENT'S HOSPITAL, DUBLIN.

POLYPUS OF THROAT—OPERATION.

[Reported by T. P. Wilkinson, L.R.C.S.I.]

Thomasina M'Neil, aged sixty. Admitted under Mr. Ferrall's care, 13th September, 1841.

Patient had been annoyed for some years by a polypus, which hung from the posterior nares into the throat; but for the last two years her sufferings had been much increased. Her voice was snuffling and interrupted, deglutition was so difficult, that she feared to attempt it till the claims of hunger became irresistible; for in the effort, when the bolus of food was being swallowed, the larynx, drawn forwards and upwards, came in contact with the tumour, and she was seized with a convulsive cough, which aggravated her sufferings almost beyond endurance. The polypus was semi-transparent, of a pale red colour, and nearly filled the posterior aperture of the mouth; the velum and uvula were imbedded in, and seemed united to it; but a probe passed between them, showed that no union existed.

A gum-elastic catheter, armed through its eye with whipcord, was passed through the nose, and made to project beneath the velum: the cord was seized with a forceps, and drawn forwards into the mouth; the catheter removed, and the ligature easily passed with two fingers over the tumour, and then drawn till stopped by the pedicle of the tumour. The ends were now passed through the tubes of a canula, and tied in the ordinary way. The lividity of the tumour soon gave evidence of its having been perfectly included in the ligature.

Mr. Ferrall remarked, that he preferred allowing the cord to protrude through the eye of the catheter, for two reasons—first, because the smooth point admitted of the instruments being passed more easily, and without injury to the parts—and secondly, because when it had reached the throat, the ligature projected at an angle with the catheter, instead of descending in the same direction, and was therefore more easily caught with the forceps. The plan was adopted in this case, and tended greatly to facilitate the operation.

The polypus was detached in 24 hours after the ligature had been applied, and she left the hospital on the 22nd of September, every inconvenience she had laboured under previous to the operation having been entirely removed.

MEDICAL NEWS.

Mr. Carey moved, in the Queen's Bench, Ireland, on Tuesday, November 2, on behalf of the Medical Association of Ireland, that the grand jury should direct Arthur Baker, Esq., the treasurer of the county of Dublin, to pay Dr. Thornhill the amount of an order given by the county coroner, in consideration of Dr. Thornhill's attendance on an inquest pursuant to a summons from the coroner.

It appeared that Dr. Thornhill, who resides in Skerries, was summoned in conjunction with a medical gentleman, named Custis, and having given their evidence upon the inquest, the coroner gave Mr. Custis an order on the treasurer for the sum of £4 10s., and to Dr. Thornhill a similar order for £2 10s. Dr. Thornhill, on presenting his order to the treasurer, was informed by him that he had previously paid the amount of the order to Custis, and refused to pay the second order. It was evident that the treasurer was labouring under a misapprehension of his duty, as it was incumbent upon him to pay the amount of the order. The 10th Geo. IV., cap. 37, Sec. 3, enacts:—

"That it shall be lawful for any coroner, before whom any physician, surgeon, apothecary, chemist, or other person practising medicine or surgery, shall, in pursuance of a summons from such coroner, attend and be examined relative to the death of any deceased person, grant to such witness an order signed by such coroner, upon the treasurer of the county in which such inquest shall be held, for such sum not exceeding five pounds, as to such coroner shall seem fit, and the treasurer upon whom such order shall be given, shall pay the same to the person presenting it, and the amount of such payment shall be raised off the county by the grand jury, in like manner as other sums authorised to be presented and levied by such grand jury.

Court—You have your remedy against the coroner, or may make such application to the grand jury as you may think proper, but we shall not interfere in the matter.

City of Dublin Grand Jury.—November 20, *Coroners' Orders.*—A sum of £34 was presented as for fees to medical officers attending coroners' inquests.

Judge Perrin—The account is before me. I see here an order for payment of three guineas to a medical officer, for attending an inquest on the 21st of June last. Why were three guineas ordered to be paid?

Sir N. Brady explained that the medical officer had attended a *post-mortem* examination into the death of a child during three days.

Judge Perrin said he thought three guineas a large sum for attending one inquest, and that if there were a dispensary in the neighbourhood where the inquest was held, he thought the coroner should send there for a medical officer to attend, as that medical officer was paid by the public, and ought therefore to attend.

Captain Nowlan said he thought it was not necessary to call in the attendance of a medical officer in all cases.

Mr. Hyndman (one of the city coroners)—I beg your pardon, Captain Nowlan, I would not go to an inquest without having a medical officer with me.

The subject then dropped.

Medical Officers of Prisons.—Captain Nowlan called the attention of Judge Perrin to the act of the jury in having made an addition of £50 to the salary of the medical officers of prisons. The ratepayers thought that £300 per annum, which the physicians had previously, was ample payment for the duties discharged by them, but the jury added £50 more to the salary they had already.

Judge Perrin said, the question for the jury was not what was the former salary of the medical officers, but what they conscientiously believed to be a suitable salary for the duties which they discharged, and then give them neither more nor less than that salary.

Mr. Long said that was the view taken by the grand jury.

Captain Nowlan said that the ratepayers thought £200 per annum was an ample salary for these gentlemen.

Judge Perrin said, that as the jury deemed it just to raise the salary of the medical officers on a conscientious belief that it was only an equitable remuneration for the duty discharged by them, he felt he could not interfere with their present salary.

Liberality to Medical Men.—At the weekly meeting of guardians of the South Dublin Union, held on the 4th inst., the chairman read a letter from the commissioners declaring "that upon them, and not upon the board of guardians, lies the responsibility of fixing and regulating the salaries of paid officers, and that they must adhere to their former opinion, and decline to augment the remuneration of the three medical officers of the workhouse in the way proposed, (*i. e.* from £60 to £100 a year).

"The commissioners suggest the following course for the consideration of the board of guardians.

"In the event of the present medical officers being unwilling to continue their services, the commissioners would consider it advisable, should no qualified persons propose themselves as candidates to the vacant offices at the present salaries, to consolidate the offices and salaries of physician and surgeon. There are in Dublin medical gentlemen eminently qualified to practise in both branches of the profession, from among whom a perfectly competent officer could be selected, and the commissioners entertain no doubt that a salary of £100 or £120 a year would secure for the guardians the services of such an officer!"—Sir Robert Shaw said, the board had three or four times recommended the salary of the physician and surgeon to be raised without thinking of the apothecary. Now, he gave notice that on that day week he would move the following resolution:—

"That the officers of this institution, being elected by, and under the control and management of this board, the board is fully qualified to form a correct judgment of the remuneration which should be allotted to each officer; and having already twice unanimously supported an increase of salary to the physician and surgeon, on the broad principle of justice, we are still of opinion that their salaries should be increased; and although we should prefer any course than that of coming into collision with the commissioners, still we cannot agree in the propositions laid down in the commissioners' letter, fully satisfied that one medical gentleman could not perform the duties efficiently, even for any salary. as the two present medical gentlemen are occupied, even during the healthy season, nearly five hours daily. Under these circumstances, we, as guardians, are determined to pay our medical officers at the rate of £100 per annum and in case the law gives the veto to the commissioners, we request to be relieved of our duties as guardians."

[We like this spirit. The suggestion of the poor law commissioners is truly piquante. The salary of the eleven Irish commissioners is £13,000. We would like to subject them to the competition they recommend. We would guarantee as good men for as many hundreds as they get thousands.—Ed.]

Drowned, on his passage from Africa, aged 50 years, Thomas Reid, Esq., Surgeon, formerly of Downpatrick, M.R.C.S.I.

Italian Medical Relief.—In passing through Terni, in the year 1838, the master of the excellent Hôtel de l'Europe, who had discovered my profession, requested me to prescribe for a poor woman employed in his house, and stated as his excuse for the application, that she could obtain no attention from the town physician, who was in the habit of neglecting patients of an inferior class, from whom he could expect no additional remuneration. He then told me that the *only* physicians in Terni were those appointed by the government and paid by the city, and he mentioned the amount of salary they received, which was even more liberal than that paid at Spoleto and Macerata, (about 100*l.*)—*Anon.*

Medical Coroner.—Mr. John Ness, of Helmsley, Surgeon, has been elected coroner for the county of York. Mr. Ness was proposed by the Rev. George Dixon, and seconded by Sir John Simpson—both these gentlemen, in their speeches, professing to support a *medical* candidate on the ground of his peculiar fitness for the office.

An Irish Medical Charities Bill.—We have learned that Mr. Denis Phelan has been boasting among his acquaintance, that he has received a *direct* communication from the Home Office, (from Sir James Graham) directing him (Mr. Denis Phelan) to draw up a Medical Charities Bill, and to include in it provisions for regulating the County Infirmities of Ireland. Whether there be any truth in the guess of the worthy Assistant Commissioner, as to the probability of a sweeping Medical Charities Bill being on the anvil, is a question.

Lunatic Asylums.—At the first annual meeting of the members of the Association of Medical Officers of Hospitals for the Insane, held at the Lunatic Asylum at Nottingham, the 14th of November, 1841, and subsequent days, Dr. Blake, in the chair,—

It was resolved,—That the governors of the institution, at which the Association shall hold its meetings, be invited, by the medical officers thereof, to be present at the discussions.—That gentlemen desirous of becoming members of the Association be proposed by two members, for election by ballot.—That Dr. Shute be requested to act as treasurer.—That Dr. Shute, Dr. Corsellis, Mr. Thurnam, and Dr. Hitch, be a committee to consider the best form of registers and tabular reports, as recommended in the resolution, No. 8, of July 27.—That Mr. Samuel Tuke, of York, Mr. Farr, of London, Dr. Bowden, of Hanwell, and Dr. Gislain, of Ghent, be now elected honorary members.—That the annual subscription be one guinea, to be paid in advance at the annual meetings.—That it is desirable that plans be collected by and for the Association, of all hospitals for the insane; and that such consist, as far as possible, of elevations, ground-plans, sections, drains, means of warming and ventilating, &c. &c.; and that they be accompanied with descriptions of the site, soil, neighbourhood, &c., of the hospital; and that they be reduced to a scale of forty feet to one inch.—That, without pledging themselves to the opinion that mechanical restraint may not be found occasionally useful in the management of the insane, the members now present have the greatest satisfaction in according their approbation of, and in proposing a vote of thanks to, those gentlemen who are now endeavouring to abolish its use in all cases.—That the chairman be requested to express to the Secretary of State the opinion of this meeting, that, for the benefit of the insane poor, the word *dangerous* should be omitted from the 45th section of the Poor Law Amendment Act, when that measure shall be again introduced to the consideration of the honourable members of the House of Commons.—That the next annual meeting be held at Lancaster.

The Tender System.—Samuel S. Brame, of Lowestoft, writes: "Some few weeks since an advertisement appeared in one of our provincial papers, for a medical officer to eight parishes within the Hundred of Mutford and Lothingland, which parishes, I am informed, contain a population of about 3,646. The duty of such medical officer, according to the printed regulations, shall be as follows:—'To attend all poor persons under the care of the directors and acting guardians in all cases of sickness, imbecility of mind, hurts, fractures, accidents, and difficult labours, whether such persons belong to any parish within the hundred or not; and also to find and provide all proper drugs, medicines, and dressings for such patients, &c. &c., without any charge in any of the said cases, beyond his respective salary.' At the quarterly meeting of the directors and guardians, it appears that three professional gentlemen proffered their services, *by tender*, in compliance with the published requisition: the highest tender being 32*l.*, the second 20*l.*, and the lowest 16*l.* per annum, which of course was accepted. It may be as well to observe, that the medical gentleman who resigned the office, and which caused the vacancy, received the annual salary of 40*l.*" [Shameful!—Ed.]

Dr. Granville has just had the honour of receiving the order of the Lion of Zâchringer, from the reigning Grand Duke, Leopold of Baden, accompanied by a flattering autograph of that sovereign. This is the fifth mark of imperial and royal favours this physician has received for his scientific and literary labours.

Alleged Plagiarism.—Dr. Forbes, editor of the 'British and Foreign Medical Review,' writes to Dr. Carpenter, to the following effect:—

"I shall take no notice whatever of Dr. Paine's attack, further than relates to the charge of plagiarism. *This is true*, so far as the writer of the review on Hunter is concerned, but *false* as concerns *you*, since you did not write that review. This I am ready to state to all persons, at all times, as the truth, without any reservation or equivocation. The conduct of the writer of that review, in palming upon the editor a portion of the writings of another for his own,—if really done intentionally and with a view to deceive (I would fain hope that the fact may admit of some other interpretation),—cannot be sufficiently reprobated. Although, as being the first specimen I had had of this person's writing (and, with one trifling exception, the only one I have ever had), I might be forgiven for not suspecting the authenticity of the surreptitious passages, I take shame to myself for being so little acquainted with the eloquent writings of Dr. Channing as not to detect the theft, before the MS. left my hands for the press.—Perhaps when Dr. Paine discovers that he is mistaken in the affiliation of this portion of the review, he may feel somewhat less confident of the evidence by which he thinks he has traced the authorship of other articles in it to you. I certainly shall not gratify his curiosity on this point, by either affirming or denying the accuracy of his conclusions; and I do not see any reason why you should."

[We are glad to exonerate Dr. Carpenter from the heavy charge which, under misinformation we in common with the whole medical world, brought against him. He did not review a rival's work—did not commit plagiarism; we are glad of it. But pray, Dr. Forbes, who did?—Ed.]

Dr. J. B. Thompson related to the Westminster Medical Society, a case of fracture of the femur in which union was prevented, as he considered, by an attack of syphilis, under which the patient had laboured seven years before. Under the use of quininc and mercury the health of the patient was restored, and the union proceeded favourably.

Mr. Brooke also related a case of a young lady who had suffered from a peculiar affection of the nose, apparently confined to the lining membrane, and exhibiting the following symptoms:—There was a peculiarly offensive odour from the nares, recognisable both by herself and those around; there was no ulceration, but only redness of the Schneiderian membrane, and a peculiar discharge, which dried on the surface of the membrane, and was blown out into the pocket-handkerchief, as though it had been moulded to the interior of the nares; there was

no constitutional derangement, nor any great tendency to scrofula. Seven or eight years since she had undergone a profuse salivation, and three years since had fallen on the bridge of her nose. No treatment had been of service during the years she had been under medical men in the country. He had seen the case first a few weeks since, and had ordered iodide of potassium and sarsaparilla, with an injection of iodine into the nares; under this she had appeared to be somewhat relieved. The general opinion of the members was that there were caries of the nasal bones.

Mr. Gatis writes, that he has been in the habit for some years past, after having ascertained that labour has commenced, of placing loosely around the body of the patient, exterior to her clothes, a thin shawl. The umbilical cord being tied and divided, he tightens the shawl as much as the patient is capable of bearing, an assistant at the same time keeping it as wide and low down as possible. It has the effect of not only occasioning immediate separation of the placenta, which is found low down in the vagina (except where morbid adhesion exists), but it also acts most beneficially by preventing dilatation and hæmorrhage, to which, in some cases, there is such a predisposition.

Mr. Rawson, of Kegsworth, gives a case of parturition without consciousness.—Some time since he was sent for to attend a young married woman in her first confinement; she had had no pains; she assured him the discharge of waters was not attended with any uneasiness, not even sufficient to have awaked her, had she happened to be asleep at the time. On examination he found the os uteri dilated, and the head presenting. The child was slowly and *unintermittingly*, but forcibly, expelled. She betrayed no symptoms of uneasiness whatever, and did not exhibit the least consciousness of the child's expulsion, but expressed her surprise on seeing it.

The case is interesting in a medico-legal point of view. Dr. Montgomery doubts the possibility of such an occurrence, "excepting under peculiar circumstances, *certainly not in a first delivery*."—(Dr. M.'s "Exposition of the Signs and Symptoms of Pregnancy.") In Beck's "Medical Jurisprudence" it is said, that "the possibility of a woman being delivered without being conscious of it is disbelieved, *excepting some extraordinary and striking cause intervene*." But if such a circumstance can *happen* with a *first child*, it must have its full weight in cases of infanticide.

Lectures on Animal Magnetism.—"Grand display of Animal Magnetism. Discovery of a New World! Revelation of the Magnetic World, as an intermediate link between the Physical and the Spiritual. God revealed, as the Triune Magnet of Universal Attraction, generative of Peace and Love. Mr. W. H. Halse, Medical Galvanist, Proprietor of the Galvanic Family Pill, solicits the honour of a Metropolitan Audience, to see and hear his exposition of the principles of Animal Magnetism."

Tempted by the above announcement, we went to the City Hall, in Chancery Lane, to see "the living evidence" promised us "that mortal life is manifested with new powers of special or spiritual vision under the magnetic stroke." Three girls in succession were apparently sent to sleep, soft drowsy airs being played by a band of musicians to assist the lecturer, we presume, in the operation. One of the patients had the usual test, ammonia, applied to her nose; she showed some degree of uncomfortableness, while a play actor present (not asleep), bore it unflinchingly. The galvanic battery was then tried, and here the test was in the girl's favour. Her arms showed of course a muscular contraction; but no other effect seemed visible; the actor cried *halt* on receiving the first shock, protesting at the same time by oath that he could bear it if he pleased.

The exhibition in itself was farcical in the extreme; and as if to complete the climax, a friend of the actor, Mr. Blunder Blundell, the gentleman duped by Barney Cavanagh, and of whom we heretofore spoke, sought a little characteristic notoriety by commencing a piece of buffoonery in which the atrabilious, actor played the patient, and Mr. Blundell the operator. The meeting altogether was the most disgraceful it has been our lot to witness.

Bernard Cavanagh.—The mystery of this impostor's fasting is now cleared up. After his committal to gaol, the most sanguine hopes were held out that he would fast through the term of his imprisonment—three months. Such reports as the following went the round of the papers at the latter end of last week.—"There is much in the case important, as a scientific demonstration, to be attended to. Bernard has been seven days in a cell, without the opportunity of receiving sustenance. He is in a cell that cannot possibly permit of deception without the proof being apparent. He still refuses to eat or drink; and he has expressed his willingness to remain under the same surveillance for three weeks. The pulse of Cavanagh, on the treadmill or off the mill, was not much varying from 76. When he was first imprisoned he was weighed, and his weight was 9st. 10lb. Mr. Bulley, jun., the surgeon, says he is now gaining weight."

On Friday, the 26th ult., Mr. Bulley wrote:—"Bernard Cavanagh, at this date, completed this ninth day of entire abstinence from food and drink, under the closest watching and the strictest care on the part of myself and the turnkeys of the prison to prevent the possibility of his clandestinely taking food. I am convinced that he has not tasted food or drink during the nine days that he has been here. He remains, notwithstanding, in a state of perfect bodily health, and I cannot detect the slightest alteration in his appearance or spirits."

The news coming to town on Tuesday, however, belied these expectations, and announced that a marked change was discernible in the gruel sent into the prison, coming out the same in quantity, but much thinner—the difference being made up by means we need hardly refer to—and that despite this trick, Cavanagh's health has been so deteriorated, that Mr. Bulley, at length undeceived, was obliged to supply him with the most nourishing kind of food, which, it appears, he very gladly received.

Magnetism.—Mr. Braid, of Manchester, explains the phenomena of magnetic sleep, by the fatigue of the rectus and levator muscle of the eye, caused by a continuously strained and intent gaze at an object viewed under an acute angle.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

NAVY.

The following Surgeons have retired as Inspectors of Hospitals and Fleets:—B. B. Ontram, R. Parkers Hillyar, Sir G. Magrath, and D. Quarrier.—Assistant-Surgeons, G. W. Pritchett, A. G. G. Tucker, are promoted to the rank of Surgeons. Assistant-Surgeons, J. Caldwell to the St. Vincent; M. Burton, M.D., to the Madagascar.

ADVERTISEMENTS.

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[J. M'RITCHIE, WELLINGTON STREET NORTH, STRAND.

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CLINICAL LECTURES ON DISEASES OF THE BREAST IN FEMALES.

Delivered at the Hospital of La Charité, by Professor VELPEAU.

LECTURE III.—ABSCESS OF THE BREAST.

Abscess of the breast, whether acute or chronic, like the inflammations of which I have spoken, and of which they form the most frequent termination, should be divided into three classes. Thus they may be formed:—1st, in the subcutaneous layer; 2ndly, between the thoracic parietes and the mammary gland; and, 3rdly, in the glandular tissue itself. It is undoubtedly, from not having taken this anatomical division into consideration, that this subject has hitherto remained in such a state of obscurity and vagueness. The following is my classification:—

1st. Superficial or Subcutaneous Abscess. A. *Of the Areola or Tuberous Abscess.* B. *Of the adipose cellular tissue.*

2ndly. Deep or Submammary Abscess; A. *Idiopatic;* B. *Symptomatic.*

3rdly. Glandular Abscess. A. *Primitive;* B. *Secondary.*

Having previously considered the symptoms of each of the inflammations corresponding to the divisions indicated in this table, I shall not now return to them.

1st. *Superficial or Subcutaneous Abscess.*—Superficial abscesses of the breast, like their corresponding inflammations, present different characters, according as they are seated in the areola, or in the subcutaneous adipose cellular layer properly so called. This first class of purulent collections then embraces two kinds, which we must study separately.

A. *Abscess of the Areola, or Tuberous Abscess.*—When inflammation of the areola terminates by suppuration, we observe on this region small purulent deposits, usually numerous, of a globular form, and of a size varying from a nut to half an egg. The tissue which is the seat of these small collections being circular and traversed by the lacteal tubes, this region being also as it were partitioned at its circumference, we can easily imagine that abscesses of the areola should be generally very circumscribed. The fineness of the integuments and their slight resistance explain the tendency of these abscesses to point outwards. They appear under the form of little elevations, painful to the least touch, and of a livid or bluish colour. Fluctuation is frequently obscure, and not easy of recognition. But a good method of ascertaining this condition, and which you always see me employ under such circumstances, is to take hold of the whole of the breast, and compress it transversely with the left-hand, whilst we examine these small inflammatory tumours with the index finger of the right. Under this pressure, the true abscess requires a livid tint, with a smooth appearance, and a tension and flexibility which we do not meet with in pure inflammatory engorgement. With a little use also, and taking the previous state of the patient into consideration, we may easily distinguish these little tumours, resulting from purulent collections, from the natural inequalities of a fungous appearance sometimes presented by the areola, and from simple dilatations of the lacteal tubes. The patients, likewise, experience throbbings in the affected region, as well as a species of constriction of an acute character, together with heat of the skin. There is generally also more or less febrile developement. When left to itself, abscess of the areola gives rise sometimes to inflammation or purulent collections in the gland, or the rest of the subcutaneous layer of the breast. But in the great majority of cases, it causes ulceration of the skin, and the matter escapes externally.

Treatment.—If the nipple be free from the disease, and there are reasons to think that the lacteal tubes remain untouched, it will not be necessary to take the child from the breast; when the opposite state exists, prudence will require us to withdraw the milk by artificial means. These abscesses being generally produced by irritations, chaps, or cracks of the nipple and its areola, it is essential that we overcome these latter affections by the means I spoke of in my first lecture. This done, we have then merely to decide whether we should open these purulent collections by surgical means, or leave this process to the efforts of nature. It is true that nature alone is often sufficient, and that in many cases these abscesses soon open externally; I have observed a host of such instances. But mark their result: the integuments becoming more and more thinned, prevent these abscesses from being emptied or cleansed, and also from healing again so quickly as when we make use of the bistoury. Among other instances of this kind, I will mention the following, which some of you may have witnessed:—

Case 8th.—During the month of July, 1838, a woman came under my care for a contusion of the left shoulder. On inspection, we perceived that the areola of the breast on the same side was the seat of a slight suppuration, and that the integuments of this region were partly destroyed. Being interrogated on this point, this woman told us that a month previously she had had an abscess on this part; that she had left it to open of itself, and that since that time the wound would not cicatrize further.

This fact, and a mass of others of the same kind which I could repeat to you, prove how irrational is the practice of those surgeons who thus trust to nature for the opening of these abscesses. I think, then, that inflammatory tumours of the nipple should be opened as soon as we perceive an abscess. You will also, by this mode of treatment, save the patient much suffering, and render the cure quicker and more certain. I even think that it would be better to plunge your lancet into a tumour not yet suppurated, than to leave an abscess to open of itself. I would also advise you to make a free opening, so as to squeeze out all the matter at once. Whichever practice we adopt, whether we make an opening, or leave it to the efforts of nature, tuberous abscesses of the breast merely require a further treatment by topical emollients, especially linseed-meal poultices. It is unnecessary to add, that if they give rise to intense reaction, and there exists no contra-indication, we must have recourse to blood-letting; but these cases are rare; most frequently when opened in good time, and immediately after covered over with linseed-meal poultices, abscesses of the areola become evacuated and heal up in a few days.

Case 9th.—A woman named Lebrun entered St. Catherine's Ward, under my care, on the 13th April, 1838; she was 37 years of age, and complained of acute pains around the right breast. She was of a good constitution, and had suckled her fifth child up to two months back. The right areola was considerably enlarged, and the skin of a livid red colour. The pains were increased by the least pressure. We were not able to detect any sign of fluctuation. Fifteen leeches were applied, and linseed-meal poultices. Next day no improvement—repeat the remedies. On the 16th, the pains were somewhat less—the tension of the teguments diminished—fluctuation evident. I then made an incision which set free a large spoonful of pus, but by means of pressure I caused a large quantity to be evacuated, which was doubtless infiltrated in the reticular substance of the tissue. Poultices were applied, and two days afterwards suppuration had ceased. On the 1st of May, the patient left the hospital completely cured.

B. *Abscess of the adipose cellular tissue.*—This species of abscess of the breast is formed in the same manner as phlegmonous abscess of the subcutaneous layer in other regions of the body. The layers of the areolar texture being closely united together with those of the affected tissue, tend continually to confine its limits; this also explains why there are frequently several of these abscesses. I have observed as many as six in a woman affected with erratic erysipelas; each of these was of the size of a large walnut. I opened them, and the cure soon took place. Another woman had four of these abscesses caused by erythema tuberculatum.*

When there are several of these abcesses, their base is soft and rather regularly circumscribed; the skin covering them is almost of a uniform thinness throughout their whole extent; I should add also, that they are situated in the most superficial layers of the subcutaneous fascia. Their softening is very rapid. You have seen in the preceding case that a few days sufficed to bring about this state. If there be but one abscess, the base is somewhat indurated, and generally, but badly defined. The softening, then, takes place slowly from the centre towards the circumference: this form of abscess lies deeper than the preceding. It is in these cases particularly that the tumours presents a conoid form. Whichever form it may assume, abscess of the adipose cellular layer of the breast sometimes acquires a considerable size, especially when but one abscess is formed. I have observed cases where it it had become the size of a large orange, or even half as big as a child's head. Its most general seat is at the inferior and external part of the breast. Still it is not uncommon to meet with it in the other regions of this organ. The symptoms of this species of abscess are characterised, like phlegmonous abscess in general, by the prominence, the thinness, and the bluish tint of the skin. Fluctuation is easily recognised, especially by pressing the breast against the thoracic parietes with the left-hand, yet without grasping

* Towards the end of the month of December, 1836, a woman, about 24 years of age, entered the hospital under M. Velpeau, and was placed in St. Catherine's Ward. A fortnight previously she had quitted one of the medical wards of the Hôtel-Dieu, where she had been treated for an acute affection of the chest. She appeared to be otherwise of a good constitution. Six days before her entrance into La Charité, she experienced, without any apparent cause, some dull pains in the left breast. On the next day a red spot appeared on the outer side of the bosom. Two days after another spot showed itself on the lower and inner part of the same breast; finally, the same symptoms appeared on its inferior and external part. The progress of the inflammation was so rapid, that when we saw the patient, that is to say, six days after the invasion of the disease, we found in the place of these spots three tumours, each of the size of an egg, presenting a distinct fluctuation. The skin of each of these swellings was thinned, especially that covering the tumour at the outer part of the breast. M. Velpeau immediately opened these collections, which discharged a considerable quantity of pus. The abscess, the skin of which was most atenuated, was laid open by two parallel incisions. A single incision sufficed for the other two, although these three tumours were of an almost equal size. M. Velpeau made two incisions in the first abscess, with the intention of promoting the re-union of the skin. The breast was then covered with a large linseed-meal poultice. The next day there was abundant suppuration, without any symptoms of re-action. Poultices were again applied. On the succeeding days the suppuration diminished more and more, and six days after the patient left the hospital perfectly cured.

the whole of the organ, whilst with the index finger of the other hand we examine the part left free. We might also employ the same manner of proceeding as that I pointed out when speaking of abscess of the areola. In the greater number of cases, these abscesses may be easily distinguished from those occupying the gland, and especially from those seated in the submammary tissue. Still the diagnosis may offer some difficulties, if the woman possesses great embonpoint, or if the breast should be enlarged, whether from the mere process of suckling, or from true milky engorgement. Even in these cases we may still easily avoid mistake, if, taking the previous history of the disease into consideration, we notice the skin covering the tumour to be of a deeper red, and more thinned than in the surrounding parts, and if, also, this tumour is the seat of a dull and constant pain. This class of abscesses less frequently disappears by re-absorption or metastasis; still I should add that I have sometimes succeeded in causing considerable collections to be re-absorbed by the use of means of which I shall speak presently. When left to themselves, they almost always burst externally. The period of bursting of these abscesses is not at all regular; in some I have seen it not take place till the end of a month, but still we may truly say that it mostly occurs before the fifteenth day.

Treatment.—The mammary gland being free from the disease, and continuing perfectly to fulfil its functions, it is evident that it is not necessary to suspend the suckling. A suspension of this might even be more or less injurious, since the milky engorgement, which might then supervene, would not fail to increase the irritation, and exercise an influence more or less hurtful.

The best treatment in these cases, consists in making a free opening into the abscess as soon as fluctuation is evident. By this treatment we prevent those purulent collections in the various surrounding parts; and when the abscess occupies the extent of the gland, we prevent, as much as possible, the inflammation from extending to the deep cellular tissue. I have observed many cases of this kind; one, among others, of a young woman who came under my care in the beginning of 1837,* the principal details of which some of you may still remember. Many surgeons advise opening the abscess only when you are assured of the complete suppuration of the swelling. I do not partake of this opinion. In adopting this practice you will be liable to see the integuments become thinned, and even give way, thus rendering a greater or less obstacle to a speedy cicatrization. It would decidedly be better, as you may see me do in the hospital, to allow the pus to escape before the complete maturity of the swelling. I have many times been convinced that making a puncture with a bistoury, into the centre of these collections, before their complete maturation, checks their developement, and even favours their disappearance. As to the engorgement which remains in such cases, we may be easy as to its consequences; resolution quickly takes place, and everything is restored to its natural condition. I have already said that these abscesses should be freely opened; it is useless to add that the incision should be made on the most depending part. If the tumour is large, and the skin much thinned, or else if such time has elapsed that the matter has collected into several cavities, we must make several incisions. When these collections are large and sinuous, and we make but one incision, we should place a piece of lint between the lips of the wound, spread over with cerate, to prevent cicatrization, before the purulent cavity is entirely emptied. After the opening of one of these abscesses, we should apply large poultices upon the breast, and renew them night and morning, till the suppuration has ceased, and the cavity is completely cleansed. We should then apply simple dressing to the wound left by the cutting instrument. The surrounding congestion, which frequently remains, is then advantageously treated by methodical compression. It sometimes happens that a more or less abundant suppuration continues for a long time, and that the wound assumes a pale appearance, indicating that the cure will be tedious. In these cases we use irritating injections. I shall hereafter have to speak again of this latter treatment, which I merely refer to here. The best treatment for abscesses of the adipose cellular tissue of the breast consists, then, in making an early and free opening. But, as it sometimes occurs, especially in private practice, that women positively refuse to submit to the use of cutting instruments, I think that we should then have recourse to a large flying blister applied over the tumour. I have in many cases of this nature derived decided advantages from this application. I cover the tumour with a blister, and dress the sore night and morning with an ointment of ioduret of lead, or with mercurial ointment. Sometimes I have thus caused the re-absorption of considerable purulent collections. You ought to know that in these cases, as in all other phlegmonous abscesses, a blister has the advantages of promoting absorption, and resolution, if this is possible, or else of softening the tumour, blunting the pains, thinning the skin, and finally of hastening suppuration if that be inevitable. A blister is then, under all these circumstances, a resource which should not be neglected in practice. Unfortunately, women object to them with almost as much obstinacy as to the cutting instrument. But we must say that, in the majority of cases, whichever means we may adopt, the matter should be discharged outwardly. Surgeons, then, ought to exert every means to induce their patients to submit to an operation which will save them much suffering, and which will procure them a more speedy and satisfactory cure.

Deep or Sub-mammary Abscess.—The distinction of these abscesses into idiopathic and symptomatic, is of the greatest practical importance. It is evident that the first class of these purulent collections is far from offering the same gravity as the second, which is always depending on disease of more or less distant organs. In 1834, I attended a woman in the Hôpital de la Pitié, who was affected with an enormous sub-mammary abscess communicating with the bronchi, and which was formed at the termination of an apparently favourable case of pneumonia. In many other subjects, I have seen these purulent collections originating in inflammation and suppuration of the perichondrium of an injured sterno-costal cartilage, or from a diseased rib. A woman whom we attended in this hospital in 1836, presented an abscess which had been caused by a caseous sub-sternal formation. At the same period, I observed another instance in a girl, having its origin in the anterior border of the right lung, and in the costal pleura. In a word, all diseases of the chest may give rise to it. Such cases are, after all, as we may see, but varieties of abscess through congestion. The following case deserves special mention.

In March, 1836, a woman 34 years of age, who a month previously had been affected with copious suppuration of the left breast, was admitted under our care. About sixteen months before, she had experienced dull pains in the posterior and middle regions of the chest; from this period her health had much declined. About a month previously, in particular, her strength each day failed her, and one might easily see that death would soon take place. From the previous history of the disease, as well as the symptoms presented by the patient, I was persuaded that the abscess of the breast had its origin in an affection of one or more of the dorsal vertebræ, and that this was a case of abscess caused by congestion. This unfortunate woman sunk a little time after, and gave us an opportunity of verifying the justice of our diagnosis. The third and fourth dorsal vertebræ were carious almost throughout. Fistulous passages showed that the matter had traversed the length of the third and fourth ribs, corresponding to the diseased side, and had arrived under the breast on a level with the union of the ribs with their cartilages.

Deep abscesses of the breast frequently depend on an affection of the mammary gland itself. We may, in fact, conceive that inflammation of the glandular tissue, communicating with the deep adipose layer, may there cause purulent collections.

Case.—In the month of December, 1837, a woman, 27 years of age, entered St. Catherine's Ward, with an abscess in the glandular tissue of the right breast. From the characters of this disease, which it is unnecessary to mention again, it was easy to perceive that the gland alone was affected, and that the deep cellular layers did not participate in the malady. This patient was subjected for nearly twenty days to an appropriate treatment, when, without any appreciable cause, the breast suddenly became voluminous; deep and dull pains were perceived; two days after, fluctuation became evident in the deep region of the breast; I made an incision on its outer and lower part, and set free more than a cupful of matter. This opening discharged freely for five or six days; after which the wound cicatrized. The glandular abscess was not perfectly cured till a month later.

Deep abscesses of the breast may also appear after purulent collections situated in the sub-cutaneous adipose cellular layer. The following fact had evidently such an origin.

Case.—In January, 1838, a woman affected with superficial abscess of the right breast, came for our advice. The tumour was the size of an egg, and situated at the inferior and external part of the breast; it had existed about eight or ten days. Fluctuation was perceptible; the integuments covering it were of a red colour and somewhat thinned; the pains were not very acute. I immediately proposed an incision, but the patient positively refused to submit to it, saying, that the tumour would open of itself, and that she had not courage to undergo the operation. All persuasion was useless. She promised to return, and did two days afterwards. But the matter had become effused in the deep layers; a sub-mammary abscess was formed as a complication on the original affection. The patient was immediately admitted into the hospital; eleven days afterwards the cure was completed, and she again left.

It would be tedious to enter into further details on this point. There is not a practitioner, who, both as to progress and to treatment, would fail to draw a wide distinction between idiopathic abscess of the deep layers, and that arising at the termination of an affection of the neighbouring organs. But whichever it may be, the symptoms which characterise this species of abscess, are generally sufficiently decided to prevent our confounding them with those purulent collections, which we have previously considered. We shall see, by-and-by, what are the signs which distinguish them from abscesses arising in the glandular tissue. When suppuration is commencing, the woman experiences irregular shivering fits and partial perspirations; the affected breast feels weighty, and, as it were, distended; the skin is glossy, rather hot, and generally slightly coloured. On pressure, the gland, which is projected forwards, offers a peculiar resistance, appearing as if it were placed against a bladder filled with liquid, and gives a sensation very different from that offered by superficial or glandular abscesses. With a little experience, this symptom is frequently sufficient for forming a nearly accurate diagnosis. Still I should add, that when these abscesses are small, fluctuation is with difficulty recognised. We must then take into consideration the previous history of the disease, its duration, and the degree of intensity presented by the inflammation preceding the formation of the abscess. Thus, when the inflam-

* Case.—Towards the end of February, 1837, a woman, about 80 years of age, entered the hospital under M. Velpeau. She presented at the inferior and external part of the left breast, an inflammatory tumour of the size of a small orange; it had only existed a few days, and had arisen, according to the patient, without any apparent cause. Fluctuation was evident, still the suppuration was not yet complete, as might be easily perceived on feeling the extent of the swelling. She had previously, when out of the hospital, objected to a simple puncture. "*I have a horror*," she said, "*of every thing that cuts—I will not submit to it.*" M. Velpeau tried all imaginable means to overcome her resistance on this point, but it was all of no avail. He then proposed to her a flying blister; she refused again with the same obstinacy. Some days afterwards she had reason for regret; purulent collections formed over the whole of the left side of the chest, even in the arm-pit; abscesses appeared upon different parts of these regions, and required many incisions to which the patient was afraid any longer to object. A general reaction took place and caused the greatest alarm. Still by means of an appropriate treatment we were enabled to overcome the attack, but a perfect cure did not take place for five weeks afterwards.

matory symptoms have existed eight or ten days, and we find that the redness of the integuments, the pain, and the general re-action are reduced in intensity, without the disappearance of the tumour, or the entire cessation of the fever, that the appetite does not return, nor the tongue become clean, you will be induced to believe in the formation of an abscess. If, besides these signs, you perceive, whether around or on the surface of the breast, a species of induration, especially if this indurated swelling preserve the impression of the finger at the same time that it presents a certain degree of red colour, there is no further room for doubt—an abscess is decidedly formed. These abscesses frequently acquire a considerable size with great rapidity. I have met with several which contained nearly a quart of pus. In 1837, I opened one in this hospital, which set free more than a pint of purulent matter; the whole of the left breast seemed transformed into a large sac with the mammary gland resting in front of it. Whatever tendency these abscesses may have to extend themselves from the anatomical disposition of the parts, we still must not imagine that they always occupy the whole extent of the breast. We may easily conceive that the inflammation may be adhesive in certain points, and that it may form septa or partitions circumscribing the effusion; it is doubtless from this cause that the small abscesses of various sizes which we sometimes observe in the deep region of the breast are formed—single in some cases, and numerous in others. But I must say that these cases are rare: generally the disease presents itself under the diffused form, and it then offers the characters of which I have just spoken. From the seat occupied by these abscesses, and the texture of the tissue in which they are formed, this disease becomes serious and deserving of the greatest attention on the part of the practitioner. I have already spoken of the purulent formations which may result in the arm-pit, the hypochondrium, the epigastrium, or some neighbouring part. Who does not perceive also, that the disease may extend even into the chest, and give rise to diseases of important organs? Such cases are certainly unusual; but as they have been observed, the surgeon ought to be on his guard in this respect.

Treatment.—As soon as the existence of an abscess is well ascertained, it would be mistaken practice on our part, as well as dangerous to the patient, to confine ourselves to topical applications and internal medicines. These are at most but means which the surgeon may employ as a satisfaction to the patient. The essential remedy, and the only efficacious one, is to make an opening in the abscess with a bistoury, and evacuate the contained fluid. But as this practice requires important modifications, according to the nature of the case, I must enter into some details on this point. When deep abscesses of the breast are confined behind the gland, and have not traversed this organ so as to project under the skin of the anterior region of the breast, the surgeon should make the incision on the most depending part of the tumour, this is downwards and outwards. But if the woman is accustomed to lie on the sound side, we should carry the incision downwards, and on the inside of the breast. This incision should be large, and directed perpendicularly on a plane with the thorax. This direction enables the matter to escape more freely, and prevents too quick a closure of the wound. It is well understood, that if the skin should be thinned in several points, we must make as many incisions, according to the preceding directions. When opened, these abscesses should be immediately covered with poultices. If we fear that the wound may cicatrize too quickly, we must introduce between its lips a fold of charpie spread with cerate. When treated in this manner, these purulent collections are soon drained, provided that none of the complications, of which I have previously spoken, exist. I have seen many of these abscesses radically cured after a few days' treatment. If, after a week from the opening of these abscesses, the cure does not take place, we may powerfully aid it by methodical compression. Up to this point the treatment is simple, and cannot be liable to any division of opinion. But the case is different when the matter has traversed the gland, and has formed one or more abscesses in front of this organ, whether on the areola, or any other point of the anterior surface of the breast. Incisions made upon the circumference of the gland, do not then present the same advantages. We must carry the bistoury into the anterior tumours, adopting certain rules which I am going to point out. In these cases the abscess is formed of a cavity situated behind the gland, and of a greater or less number of small collections in front of this organ, and forming, as it were, branches of the principal deep abscess. I am perfectly convinced, from numerous observations, that this form of abscess constitutes a most stubborn disease, which, whatever means we employ, requires a long time for a perfect cure to be formed. The best treatment, and which procures, in these cases, the most speedy results, consists in incising the breast over a large extent, and throughout its whole thickness. When the abscess is spread behind, as well as in front of the gland, enclosing the organ in the midst, I consider this practice the surest cure; sometimes, indeed, it is the only one that can lead to a radical cure. In fact, if, in these cases, we confine ourselves to a simple puncture or a small incision, the elasticity of the gland will quickly destroy the communication of the two collections, and thus prevent the escape of pus enclosed in the deep cavity. Again, it is not uncommon to see these small openings remain for an indefinite period in the state of fistulous ulcers, which it is extremely difficult to cure. These considerations induced me to advise cutting through the gland, over the whole extent of the cavity. Notwithstanding Sir A. Cooper's opinion, I am convinced that this means, violent as it may appear, is often the only rational resource. The only difficulty which it presents, if such it may be called, is, that it frightens the patient. I should add, that it is not in the first instance only that we ought to have recourse to these large incisions, but when the openings, which have been already made, do not cicatrize, but remain in the state of fistulous ulcers. The following is the way in which I proceed in such cases:—Having introduced a director through one of the original openings, and passing it to the bottom of the principal cavity, I conduct along it a straight bistoury, and cut the breast freely open at a single stroke. The finger being afterwards introduced to the bottom of the opening, serves as a guide for destroying, in the same manner, all the sinuosities of the cavity. A strong fold of charpie is afterwards placed between the lips of the wound to prevent a too quick union of its edges. We must, in a word, cause cicatrization to advance from the bottom towards the surface. It is from this precaution having been neglected, that we so often see these abscesses formed again after the external wound is completely cicatrized. If the patients obstinately object to these large incisions, or even if this practice does not seem expedient to the surgeon, we might confine ourselves to ordinary incisions, taking the greatest care to keep the lips of the wound properly separated; but then we must expect the disease to be prolonged. M. J. Cloquet has proposed, in such cases, to leave a large gum elastic sound in the bottom of the cavity. That surgeon has derived the most happy results from the practice; yet I have tried it in a sufficient number of cases to be enabled to say, that it most frequently fails, and that those practitioners who have most lauded it, have probably derived so much advantage from it only because they have applied it indifferently to several varieties of abscess of the breast. Still, I should say, that it is a method not to be neglected in practice, when we are limited to using small incisions. Thus, you see, that the opening of deep abscesses of the breast should be made at the circumference of this organ, in those cases where the mammary gland remains free from the disease; but when the pus has traversed the gland, and formed projections in front of it, we must then lay open each of these fluctuating points with the bistoury. In every instance, the breast should be immediately covered with large poultices. Whatever means we adopt, however, it will frequently happen that the abscess, when opened, takes more or less time to become perfectly cleansed. We must, in these cases, have recourse to methodical compression, a resource from which I have almost always derived the greatest benefit. If this means should not produce the desired effect in the course of some days, and the lips of the wound should be pale and flabby, we should then lay aside its employment, and make use of irritating injections, either of decoction of bark, or a weak solution of tincture of iodine, or else two or three drops of concentrated sulphuric acid in an ounce of rose water, an injection which has been much praised by Sir A. Cooper. Such, gentlemen, are the local means to be made use of in practice.

A host of internal remedies, also, have been especially proposed in the treatment of deep abscesses of the breast; I shall speak only of those which are most generally employed, I think, deservedly. The following is the result of my experiments, which many of you must have witnessed:—A great number of women have been subjected to the use of simple purgatives, repeated at short intervals during ten or twenty days; in others, I have, in like manner, made use either of emetics, or emeto-cathartics; some have been treated by tincture of colchicum, in the dose of one to two drachms a day; others, by tincture of iodine and ioduretted baths; others, finally, by calomel, sometimes in a purgative dose, sometimes in a small dose, and in others in a full alternate dose. From all these trials I am convinced, and many of you must have received a similar impression, that none of these varieties of treatment have, by themselves, procured much advantage, and that, consequently, they are not deserving of that reputation which has been accorded to them by many practitioners. I have especially tried emetics in divided doses, so much extolled in England by Kennedy, Beatty, and Lever. I have given, by a spoonful at a time, in the 24 hours, four, six, eight, and ten grains of tartar emetic in six ounces of infusion of orange peel, with an ounce and a half of syrup of poppies. But you have seen that the results which we have obtained have been far from entitling this treatment to the confidence given to it by English surgeons. Although I have continued the use of this medicine from three to eight days, the progress of the abscesses has not thereby been checked. But give an unprejudiced examination to the observations instituted on this subject, and you will be soon convinced that they are far from conclusive. In taking leave of this subject, I will had, that deep abscesses of the breast require especially an energetic local treatment, such as I have already pointed out. Still we must, as in all other circumstances, allow due consideration to the constitution of the patient, and to the general causes which might maintain the disease. In my next lecture, I shall conclude my remarks on this class of lesions.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of gentlemen admitted members on Friday, Nov. 26th, 1841:—

Gilbert George William Maitland; Alfred Thomas Chandler; Daniel Scannell; John Gorringe; John Pilkington; John Taylor Sharp; Joseph Thomas Brady; Stewart Blacker Roberts; John Buxton; Edmund Evance Hooper; Raphael Woodman Read.

Friday, December 3, 1841:—

J. Shuter; J. M. Edwards; B. Booth; R. P. Cotton; H. Walter; F. Giles; S. K. Scott; F Broughton; T. S. Eyre; D. J. Williams; J. Woolcott; H. C. Moat.

APOTHECARIES' HALL.

List of Gentlemen who have received certificates, Thursday, Nov. 25, 1841:—J. Lyde, Paington, Devon; T. Taylor, Kidderminster; R. C. Heslop, Chorley, Lancashire; W. Knox, New South Wales; F. A. Cramer; G. E. Dunsterville, Port Elizabeth, Algoa Bay, Cape of Good Hope.

Thursday, December 2nd:—William Copeland, Staindrop; William John Bowden, Guernsey; Thomas Godfrey Heathcote, Mansfield, Notts.

LECTURES ON CHEMISTRY.

By JOHN SCOFFERN, Esq., Professor of Chemistry at the Aldersgate School of Medicine.

We now come to the minute investigation of chemical attraction—also called heterogeneous molecular attraction, or affinity,—the definition of which has already been given, and the difference indicated which exists between it and cohesion.

I purpose treating this subject according to the strictest rules of philosophic induction, not burdening your memories with mere dogmatic axioms, but placing before you some well-marked examples of this attraction. I will give you an opportunity of anticipating, by your own reasoning powers, the deductions which philosophers have made.

In the flask before me, I have some copper filings mixed with sulphur; I shake them together, and they appear tolerably well mixed, but yet, by the exercise of a certain amount of patience, I could pick out every particle of copper, and leave the sulphur pure. Now I apply heat, and remark what takes place:—the contents of my flask become very hot, burst into a vivid state of ignition, and finally there remains a third substance, widely different in all its properties from either copper or sulphur—a substance which contains both copper and sulphur intimately united together; hence, according to the nomenclature of modern chemistry, it is called *sulphuret of copper*.

Now, as it is evident that heat has produced this union, let us first of all call to mind the effect which heat would have produced on copper and sulphur in their separate conditions; why, if applied to an extent sufficiently great it would have melted them, or if greater still, it would have driven them into vapours; in other words, it would have lessened their cohesion.

Reasoning upon the phenomenon just observed, we must come to the following conclusions:—1st, that copper and sulphur have an affinity for each other; 2nd, that this affinity is not sufficiently intense to overcome their respective cohesions, and consequently that these cohesions must be diminished before chemical union can take place; 4th, that heat and light are among the phenomena attendant on chemical action; 5th, that change of physical appearance and properties must be enumerated among the results of this same attraction.

Do not imagine that heat is absolutely necessary to the exercise of chemical attraction, its chief, and *perhaps* indeed only agency consists in diminishing cohesion; although it is possible that exaltation of electrical states, dependant on temperature, may also influence the result. I wish you, however, in the present state of our inquiry, to associate merely the idea of diminished cohesion—with heat as a promoter of chemical union. In the experiment now to be performed, you will observe cohesion overcome in a different manner, not by the application of heat, but of water. Before me I have two substances, each perfectly dry, and possessing a mutual affinity for each other; carefully triturating them together in a mortar, I bring their particles into very intimate mechanical contact, still they do not unite. Now I pour in a little water, and produce certain well-marked appearances indicative of chemical action. The substances here employed are *sesqui carbonate of soda* and *citric acid*, the materials indeed of common soda-water powders; whilst dry their cohesion prevented chemical union; in vain may we endeavour to lessen this cohesion by mechanical means—their substance can never thus be reduced into particles sufficiently small, or brought into contact sufficiently near, to be within the sphere of chemical attraction; the application of water, however, accomplishes this end; cohesion is diminished to the extent requisite, and affinity begins to act.

So generally do we observe the coincidence between diminished cohesion and chemical action, that philosophers once imagined the latter to be incapable of taking place, if the conditions necessary to promote the former were not fulfilled; and hence arose the celebrated dogma, that *corpora non agunt nisi sint soluta*. To this, however, there are a few exceptions, of which we have an example in the process for forming steel, which, being a compound of carbon and iron, is called, in the language of modern chemistry, *carbaret of iron*. This substance is formed by a process called *cementation*. Alternate bars of iron and carbon in the form of charcoal, are piled up in furnaces, and exposed to a high temperature for many days; both however remain perfectly solid, and yet a combination between iron and carbon results; such instances as this, nevertheless, are exceedingly uncommon. In every well-marked case of chemical action, we obtain a result or results very different from the bodies originally employed, and the powers of union is accompanied with various striking phenomena; *generally*, perhaps *always*, there is an alteration of temperature, as in our first experiment; also an alteration of volume, besides many other curious results, which your future chemical studies will render familiar. Having discussed these general preliminaries, I shall now prove that bodies have not all an equal degree of chemical attraction for each other; that every individual substance acts as if it had some *preference* in this respect, and appears to make its own choice selections or *elections*—hence the term *elective affinity*, which may be either single or double.

If I add diluted nitric acid to a mixture of lime and magnesia, the acid will dissolve the former in preference to the latter; and if I add lime dissolved in water, otherwise called *lime-water*, to nitrate of magnesia, *i. e.* a compound of nitric acid and magnesia, the latter will be thrown down. Lime then is said to be capable of decomposing nitrate of magnesia, which *is a fact*; but the inference does not thence *necessarily* follow, as was once imagined, that lime must have a greater affinity than magnesia for nitric acid. This assertion, although paradoxical at first sight, is nevertheless rational enough when properly examined: we shall speedily return to the consideration of this subject, but will now revert to the fact just stated, that lime separates magnesia from its combination with nitric acid. Proceeding in the same train of inquiry, we shall find that tables may be drawn up indicative of the relative degree of facility with which different bodies are separated from their combination with the same acid. Supposing sulphuric acid to be fixed on, the table will stand thus:—

Sulphuric Acid—Baryta, Strontia, Potassa, Soda, Lime, Magnesia, Ammonia;

from which it appears, that baryta, of all the substances there mentioned, has the greatest tendency to unite with sulphuric acid; next comes strontia, then potassa, and so on. Such tables as these were first constructed by Bergmann, and hence named Bergmann's tables of affinity: they can no longer, however, be regarded as indicating the order of affinity, but merely of decomposition—an apparent paradox to which we have already alluded, and which I hope now to render intelligible. To render this subject more easily comprehensible, let us take some familiar and parallel case. Suppose two individuals are engaged in a struggle for the purpose of obtaining a certain article, no matter what; does it necessarily follow as a matter of course that he must be the stronger individual who succeeds? Certainly not; thousands of circumstances may occur to turn the balance in favour of the weaker, a proposition which I imagine is very evident. Then why *must* baryta necessarily have a greater affinity than strontia for sulphuric acid? The fact is, that no such necessity exists, however great *may be*, and doubtless *are*, the probabilities; so great indeed, that were all examples of chemical decomposition so free from apparent fallacy as this, the truth of Bergmann's original opinion would perhaps have remained unquestioned to this day; but if only one case of decomposition be inconsistent with this theory, the propriety of its application in other instances is rendered very doubtful. Now there are many *instances* of this kind—the variable facility with which iron under different circumstances unites with oxygen being one. Water, if passed in the condition of steam through a red-hot gun-barrel, is decomposed—its oxygen uniting with the metal, forms *oxide of iron*, and hydrogen escapes; hence, according to Bergmann's doctrine, it would follow, that iron has a greater affinity for oxygen, than the latter substance for hydrogen. If, however, we pass hydrogen over red-hot oxide of iron, then the reverse conditions obtain; namely, oxygen and hydrogen combine, water is formed, and iron remains pure; from this last experiment it would seem, that oxygen has the greatest affinity for hydrogen.

This example, and many others of a parallel nature, naturally cause us to regard with suspicion the original deductions of Bergmann relative to this subject; and, gradually, we become sensible of many obvious reasons, why tables of decomposition cannot be considered strictly indicative of the order of affinity.

The courses which modify chemical affinity may be referred for the most part to the following heads:—

Cohesion—a. Primary; b. Of the resultant. Great specific gravity.

Elasticity—a. Primary; b. Of the resultant. Mass or quantity?

We have already seen how necessary it is, that bodies intended to unite chemically should be reduced to a low cohesive state; in many instances, this end can be sufficiently accomplished by mechanical means. If I drop a lump of antimony into chlorine gas, no result is apparent; if, however, I powder the same metal, and then drop it into chlorine, deflagration takes place. Again, sulphuric acid does not exert an action on a lump of fluor spar; but when applied to the latter substance, reduced to powder, violent effervescence takes place. Here, then, we have seen two instances of primary cohesion modifying chemical action; it is called primary, because it relates to the substance acted upon, not to the *resultant* or substance formed. It seems ridiculous to employ terms indicating that a body yet unformed may influence its own formation; but the incongruity is merely verbal, and results from the necessity we are under of regarding as consecutive changes, which in reality are simultaneous; for although many chemical agencies may be in operation at once, we cannot discuss more than one at a time. If sulphuric acid be added to a soluble salt of baryta, sulphate of baryta is precipitated, according to Bergmann, because sulphuric acid and baryta have the greatest affinity for each other: but another explanation may be affixed; sulphate of baryta may perhaps be thrown down, because it is possessed of too much cohesive force; or in other words, is too *insoluble* to be held in solution; hence the combination of sulphuric acid and baryta is influenced by the insolubility of the resulting sulphate; thus, at least, must our explanation be worded, but language is incompetent to express the exact state of things, however perfectly we may comprehend it. This is an instance of affinity being modified by the cohesion of the resultant.

As an instance of great specific gravity modifying chemical attraction, I only need refer to the experiment of allowing a lump of loaf sugar to remain unmolested in a glass of water; every one knows that it sinks to the bottom, saturates the water immediately surrounding it; and if allowed to remain perfectly quiet, does not dissolve altogether for a considerable time. The reason is obvious; sugar, on account of its great specific gravity, is removed beyond the sphere of the water's action, being merely surrounded by a thick syrup, formed by the portion of sugar first dissolved. I might have chosen other instances, all illustrative of the same principle, but have preferred the selection of one which is so generally seen.

That elasticity—both primary and also of the resultant—modifies affinity, we have also many instances.—Relative to the first, I may mention that tin and oxygen have an affinity for each other; both nitric acid and atmospheric air contain oxygen; yet, although tin rapidly abstracts it from the former, this metal may be exposed to the action of atmospheric air without any such result; the explanation is, that oxygen, as it exists in the atmosphere, is so elastic—its particles are so far removed from each other and from tin,—that the attractive influence of the latter cannot extend to them; hence we observe, that too little as well as too much cohesion may obstruct the action of affinity.

The modifying influence of elasticity of the resultant is more problematical, but yet we cannot refuse to ascribe some result to a condition so theoretically obvious. The following is one of many instances, in which we presume this cause to be in operation. To a solution of carbonate of soda I add sulphuric acid; sulphate of soda becomes formed, and carbonic acid given off.—Now it does not *necessarily* follow as the result of this experiment, that sulphuric acid *must* have a greater affinity for soda than carbonic acid has; probably the elastic, now cohesive or gaseous state of the latter, may enable it to escape beyond the pale of chemical action, and this elasticity of the resultant may determine the order of affinity. Of course all the verbal incongruities noticed under the head of *cohesion of the resultant* are repeated here, but the anomaly is no less ideal than in the preceding case. We now come to the subject of mass or quantity as influencing affinity, which I have marked with a note of interrogation as being very doubtful, for however plausible may be the assumption that a great quantity of a weak substance will effect the same results as a small quantity of a strong one, an admission of this brings us at once into open hostility with the theory of definite portions. Such, however, was the theory of Berthollet, a theory which, although stamped with all the impress of his giant mind, and bearing, in my opinion, many semblances of truth, is nevertheless opposed to modern chemical views. Its minute discussion will properly come under the head of the above theory.

WOUNDS.

By W. T. KAY, M.E.S.I., &c.

Punctured Wounds.—A *punctured* wound signifies one made with a narrow-pointed instrument, the external orifice of the injury being small and contracted, instead of being of a size proportionate to its depth. A wound produced by the thrust of a sword or bayonet, affords us an example of a punctured wound.

Wounds of this description are in general infinitely more dangerous than cuts, notwithstanding the latter have the appearance of being by far the most extensive. In stabs, the greatest degree of danger always depends on the injury and rough violence which the fibres have suffered, in addition to their mere division. Many of the disagreeable consequences are also to be imputed to the considerable depth to which these wounds extend, whereby numerous textures and important parts and organs are frequently injured. Sometimes the treatment is rendered perplexing by the difficulty of removing extraneous substances, as, for instance, a piece of the weapon which has been left in the wound. Lastly, experience proves that punctured wounds and stabs are particularly liable to be followed by a great deal of inflammation, fever, deep-seated abscesses, sinuses, &c.

A strange notion seems to pervade the writings of many systematic authors, that all the danger and disagreeable consequences of punctured wounds depend entirely upon the narrowness of their orifices, so that suitable applications cannot be introduced to their bottom. Hence, it is absurdly recommended to dilate the opening of every stab, with the view, as is generally added, of converting the accident into a simple incised wound. Some of these writers are advocates for making the dilatation with a cutting instrument, while others, with equal absurdity, propose to enlarge the opening with tents.

Certain authors regard a punctured wound as a recent sinus; and, in order to make the inner surfaces unite, they recommend exciting a degree of inflammation in them, either by means of setons or injections.

Mr. Samuel Cooper remarks, in his 'First Lines of the Practice of Surgery,'* that if the notion were true, that an important punctured wound, such as the stab of a bayonet, could be actually changed into a wound partaking of the mild nature of an incision, by the mere enlargement of its orifice, the corresponding practice would certainly be highly commendable, however painful. But the fact is otherwise; the rough violence done to the fibres of the body by the generality of stabs, is little likely to be suddenly removed by an enlargement of the wound; nor can the distance to which a punctured wound frequently penetrates, and the number and nature of the parts injured by it, be at all altered by such a proceeding. These, which are the grand causes of danger, and of the collections of matter that often take place in the cases under consideration, must exist, whether the mouth and canal of the wound be enlarged or not. The time when incisions are proper is, when there are foreign bodies to be removed, abscesses to be opened, or sinuses to be divided. To make painful incisions sooner than they can answer any end, is both injudicious and hurtful; they are sometimes rendered quite unnecessary by the union of the wound throughout its whole extent, without any suppuration at all.

Recent punctured wounds have absurdly had the same plan of treatment applied to them as old and callous fistulæ. Setons and stimulating injections, which, in the latter cases, sometimes act beneficially, by exciting such inflammation as is productive of the effusion of coagulating lymph, and of the granulating process, never prove serviceable when the indication is to moderate an inflammation which is too apt to rise to an improper height. The counter-opening that must be formed in adopting the use of a seton, is also an objection. It will undoubtedly prevent the external openings from healing too soon: but cannot this object be effected in a better way? If the surgeon observe to insinuate a piece of lint into the orifice of the sinus, and pass a probe through its track once a day, the danger of its closing too soon will be removed.

The practice of enlarging punctured wounds by incisions, and of introducing setons, is often forbidden by the particular situation of these injuries.

In the first stage of a punctured wound, the indication is to guard against the attack of violent inflammation. When no considerable quantity of blood has been lost, general and topical bleeding should be practised, and repeated according to the urgency of the case. In short, the antiphlogistic plan is to be followed. As no man can pronounce whether such a wound will unite or not, and as no harm can result from the attempt, the orifice ought to be closed, and covered with simple dressings. Whether gentle compression might be made to promote adhesive inflammation or not, may be doubtful; it does not seem to possess any decided advantages. Perfect quietude is to be observed, and if the pain is severe, opium is to be administered.

Sometimes, under this treatment, the inflammation assumes a mild form, and the wound speedily unites by the first intention. "Numerous are the examples of wounds which penetrate the large cavities being healed by the first intention; that is, without any suppuration. Even wounds of the chest itself, with injury of the lungs, ought to be united by the first intention."† More frequently, however, in cases of deep stabs, the pain is intolerable, and the inflammatory symptoms run so high as to leave no hope of avoiding suppuration. In this condition, emollient poultices and fomentations are the best local applications; and when the matter is formed, the treatment is like that of abscesses in general.

When the shock is general, with or without any particular organic lesion, the vital powers are so depressed as, in some instances, to threaten a temporary suspension of them; yet in proportion to the magnitude of the effect on the system, is the necessity for the withdrawing of blood very generally rated. "But I have long considered the practice founded on this opinion as at least erroneous; and under this persuasion, instead of employing the lancet, I apply warmth to the extremities, and let the patient take of warm and transient stimulants, in order to promote perspiration without inflaming the habit. If the reaction afterwards should be considerable, then I order phlebotomy, fully and freely, as the symptoms may indicate, and exhibit saline purgatives in doses adequate to produce copious evacuations. But, in the febrile state, instead of saline mixture, or preparations of antimony, I have for some years substituted the digitalis, in half-grain doses, along with an equal quantity of opium every six hours. The well-known properties of the digitalis of acting upon the absorbents, and lowering the pulse, point it out as a remedy well calculated to promote the absorption of the extravasated fluids in contusion, as well as to prevent the necessity of profuse and excessive bleeding, and in both these intentions my wishes have been fully realized by it."‡

Contused Wounds.—In the injury which we call *bruise*, or *contusion*, considerable force is applied to the soft parts of the body. The cohesion of the parts is lessened—the structure is considerably affected without its being actually divided—and frequently, in conjunction with this effect, there is an effusion of blood into the interstices of the part;—this, however, is not absolutely necessary. Such is the kind of wound which constitutes bruise or contusion. The effect of this injury is to interfere materially with the function which the part should execute. Thus, when the muscles are bruised, the motions which they have to perform either cannot be executed at all, or are executed very imperfectly and with pain. If a bruise take place in a joint, considerable pain and stiffness of the part is produced. Here the limb must be kept quiet. If there be considerable pain produced, blood must be taken from the part by the application of leeches, and the usual means which are calculated to prevent the occurrence of inflammation must be employed. The treatment must be of an antiphlogistic character, proportioned to the severity of the symptoms that are present. When muscles are bruised, it is of particular importance that the injured parts should be kept at rest; that is, that the muscles should not be exerted for a considerable length of time, in order that they may recover their power. The effusion of blood in consequence of a bruise is technically called *ecchymosis*. The blood which is thus effused is removed by the absorbents, and perhaps there are no applications which we can make use of that will very much accelerate the natural process of absorption. Some substances, however, of the materia medica have been considered to possess the power of accelerating the process.

The best applications for promoting absorption, are those containing spirit, vinegar, or the muriate of ammonia. Cloths wetted with any lotion of this sort may be advantageously put on the part, and confined there by a slack bandage.‖ It is necessary to keep the cloths continually moist. Discutients are also recommended, but seldom prove of much benefit.

"It happens not uncommonly that the effusion of blood in that way excites inflammation in the part in which it is effused; and, in fact, the symptoms in the part will be very like those attendant on the formation of an abscess. You make an opening, and you find, that instead of letting out a quantity of matter, you merely evacuate a large coagulum of blood. This kind of process takes place where there is a large quantity of loose cellular membrane in the textures of a part, such as in the scrotum of the male, and the labia pudendæ of the female. In the latter case considerable swelling takes place from the bursting of a vessel, and there is an effusion of blood in one mass or collection."§ When this happens—when pain and heat come on in the part, and there are induration and inflammation consequent on such, you must make an opening in the integuments, evacuate the effused blood, and apply cold afterwards. The cavity will contract, and the case will generally do very well.

[To be continued.]

ROYAL FREE HOSPITAL FOR THE DESTITUTE SICK, GREVILLE-STREET.—We are happy to learn that a benevolent lady, under the initials "M. C.," has paid into the hands of Messrs. Prescott, Grote, and Co. 100l., in aid of the funds of this most useful charity.

NOT UTTERLY USELESS.—The College of Physicians (says the Medical Gazette) has published 12 editions of the Pharmacopœia in 223 years, averaging one edition every 19 years.

* Sixth Edition, p. 145.

† Assalini's Manuale di Chirurgia. Parte Seconde, p. 13.

‡ Mr. Simmons' Med. and Phys. Journal, vol. xiii, p. 386.
‖ Cooper's Surgical Dictionary, article Venesection, p. 1458.
§ Lectures by William Lawrence, F.R.S., published in the 'Medical Times,' vol. i., p. 154.

TO CORRESPONDENTS.

Mr. W. B. Didham, (omitted in our last); Mr. G. T., Merthyr Tydvil; Mr. H., Malmsbury; Dr. J. P., Loughborough; Mr. B. D., Ludbro'; Mr. S., Strathaven; Mr. F., Queensferry; Messrs. F. G. and T. H., Portsea; Mr. H. E., Liverpool; Mr. T. P. G., Prestonpans; Dr. S., Bristol; Mr. G. H., Alphrington, *safely* received.

Mr. T. B.'s *offer declined. It would not suit our Journal. Mr. F. G. is thanked for his information. Such hints have their value, and we appreciate them. Notus, P. P., A True Friend, A Zoologist, Dr. N., are also thanked. For* "An Observer" *we have but one word,* "*ne insultes miseris.*"

F. G. H.—*Our letter is on its way to Bantry.*

"JOHN BULL, AND NO MISTAKE."—*True. The Journal referred to is the best exemplification of mediocrity we know of. Our Correspondent, in calling it* "*poor, pitiable, and contemptible,*" *seems to be acquainted with the materials that compose it. We have not room for* so long *a letter.*

A. F.—*The Mr. Blundell who figured as described in our last, is not the celebrated obstetric professor, nor related to him.*

ALPHA *will see that we have noticed his communication.*

THE MEDICAL TIMES.

SATURDAY, DECEMBER 11, 1841.

"I lay aside that which grows to me! If thou get'st any leave of me, hang me; if thou takest leave, thou wert better be hanged: you hunt-counter, hence! avaunt!"

HENRY IV.

THE extraordinary admission of Mr. Crook and the Pharmaceutical Society, that, "while insisting on the druggists' right to prescribe, they admit his incompetency," is supported by others not less singular in the pages of that respectably-conducted journal, the 'Pharmaceutical Transactions.' In the July number of that periodical, Mr. Jacob Bell favours us with the following acknowledgment:—

"In Chemistry and Philosophy, Great Britain holds a prominent place among other nations. In the practice of Medicine and in Surgery, our character as an intelligent and scientific nation, loses nothing by comparison with others. In the Arts and Manufactures, generally speaking, we can compete with the whole world. But in Pharmaceutical Chemistry—in the application of the science of Chemistry to the art of relieving the numerous maladies to which human nature is liable, it must be admitted that we are deficient."

This extract opens a subject fertile in thought; but the main point to be remarked is, that these druggists, whose ignorance of their own business thus confessedly degrades our country in the eyes of Europe, are declared by the same party to enjoy the discretionary right of intermeddling in the practice of that distinct class of men whose efforts, according to the same authority, have won for the branch of British science with which they are connected an honourable comparison with the most enlightened of foreign nations. For cool impudence and daring bravery—where others lives are in danger—match us the druggists.

Again Mr. Bell tells us—

"The Chemists and Druggists of Great Britain have been called into existence by the public demand for a class of persons who devote their principal or exclusive application to the art and science of Pharmacy."

And gives us this irrefragable reason in support of such exclusive application:—

"When we consider the study and research which Pharmaceutical Chemistry requires, in order to maintain or improve its scientific standing, it is evident that it ought to be cultivated by persons who can devote their time and attention exclusively to its details. Even Pharmaceutical Chemistry comprises several departments: the Manufacturing Chemist, the Analytical Chemist, and the Dispensing Chemist, carry on their respective functions separately; and from this division of labour, manifest advantage results."

Then why wander out of a province so exacting in its requisitions, yet so flagrantly neglected? Mr. Jacob Bell evidently cannot conceive anything like a valid reason, and candidly avows that the trespasser on professional ground must be a disrespectable druggist. Here are his words:—

"It is well known that those Druggists who have, by devoting themselves to pure Pharmacy, acquired considerable reputation in this pursuit, interfere but little, if at all, in the practice of medicine. *The character which they personally enjoy as Pharmaceutists, and which character ought to belong to all those who follow this branch of the profession, removes the temptation to pass the boundary.* They feel conscious that by encroaching on a province for which they have not been specifically educated, they would be likely to lose caste in their own; they consider that by making pretensions to medical skill they would be assuming a false position, and thus degrading themselves; and they shrink from the responsibility of undertaking a task in the performance of which they would hazard the reputation they already possess without the prospect of gaining a respectable standing as medical practitioners."

Again,—

"Every allowance ought to be made for those who are compelled by peculiarity of circumstances and popular prejudice to take rather a different course. It is evident that the more *the moral and intellectual character of Druggists is elevated* the less likely they will be to encroach on the other offices of the profession."

In taking the Druggists' case, then, according to their own statement, it is obviously a bad one, and entitles us to tell them, "out of your own mouths do we condemn you."

But the Druggists, in thus surrendering the ground of any real defence, are far from abandoning the defence itself; and accordingly we have Mr. Jacob Bell, after making these extraordinary admissions, pleading elsewhere for counter-practice by the interrogation "shall it be lawful for any member of the community to swallow a dose of medicine without medical advice?" On our responding yes, he instantly rejoins—ergo, he must obtain information as to the properties and doses from the Druggist; ergo, there must be Druggists advising and prescribing.* Now, we cannot look upon this reasoning as exhibiting, in the worthy Editor, any very high degree of logical acumen. In the first place, it is beside the question to a great extent, for it leaves utterly undefended the great bulk of the Druggists, who are far from limiting their operations to giving *an account* of the doses and properties of the required drug. In the second place, it is not satisfactory as far as it goes. Is the information necessary? If not, why consult any body at all? If it be, why consult a non-competent party? In the one case we have the Druggist wasting Pharmaceutical time in learning and teaching what is not needed; in the other, we have him advising on what, by the confession of all, is far beyond his reach. Mr. Bell, in saying that the patient *must* consult a Druggist, surely forgot that there were such things as general practitioners in the empire; for, supposing him to have thought of them, his proposition in other words is, that whenever information is required, we *must* go to the ill, in preference to the well instructed.

* October Number, p. 177.

See low-born Allen with an awkward shame,
Do good by stealth, and blush to find it fame.
POPE.

SIR DAVID DAVIES "arrived in town late on Friday evening." Well, what of that? Much—in Sir David's opinion. He had an interview—rare bliss!—with Prince Albert; nay, saw the Duchess of Kent!—higher honour still, waited on other members of the Royal Family!—and, to cap the climax, the honoured physician—summit of earthly bliss!—has returned—we quote his own *advertisement*—"to resume his attendance on her Majesty the Queen Dowager." Should a world—in which there are patients—a profession—in which there is envy—be ignorant of such *events?* Sir David thought not, and therefore preparing the important announcement after the most aristocratic of 'Morning Post' models, he unbuttoned his breeches pocket in a highly excited glow of gratified ambition, and generously paid the 'Times' so much per line to advertise his fashionable movements in the third page of its broad sheet!

One of our worthy occupants of the judicial bench was used to give an annual dinner to commemorate a duel—from which he dated his subsequent elevation—and was accustomed to display to his guests, with very praiseworthy pride, the bullet-grazed coat he had worn on the perilous occasion.—Lord Brougham, it is related, tired of the repeated show of a threadbare coat—no remarkable novelty—gave a terminus to the exhibition by exclaiming—"There's an omission, W—. We have seen the coat—but you've forgotten the breeches." Now it strikes us that there has been some such omission here. Sir David has told us of his visits to Prince Albert—the Duchess of Kent—and other members of the Royal Family—but he has forgotten to tell us of his visit to—his drug-shop at Kensington. But we give the interesting document as we find it in the Times:—

[ADVERTISEMENT.]—"Sir David Davies arrived in town from Sudbury-hall late on Friday evening. On Saturday morning Sir David Davies had an interview with His Royal Highness Prince Albert. After waiting upon the Duchess of Kent, and other members of the Royal Family, Sir David left town for Sudbury-hall to resume his attendance on Her Majesty the Queen Dowager!!!"

The presence in this instance of the happy word *advertisement* was, of course, accidental. An interesting speculation offers itself:—How

long has Sir David been accustomed kindly to teach us his movements at his own expence? —and how much more has the public been indebted to his purse than to its own good taste for the rapid appreciation of his distinguished abilities? Perhaps, Sir David will let us know how often he has paid for our information, while delicately concealing from us his share in the kindness! The public—on the *qui vive* to express its gratitude—should know its distinguished benefactors. It has not enough just now to leave them unthanked. This acting the Good Samaritan in the dark, may be pleasing enough to the modesty of Sir David—but is sadly tantalizing to sensitive minds anxious like ourselves to express their acknowledgments.

And here, let us make our best bow to the 'Times,' without whose aid the world might have gone on for ever in utter ignorance of all the worth it owns in owning Sir David Davies. How many secret pleasures must have been his as he sent forth, from its dark abode,—each anonymous herald of his increasing greatness? and what a blush of exposed merit, what a cheering glow of conscious worth must have mantled o'er the countenance of our Second Howard, as glancing o'er the well-filled paper he found that the hidden benefactions of years—the modest virtues of a life were brought forth into sudden light by the magic word ADVERTISEMENT.

The Thieves' *Sesama* exposed to Ali Baba's eyes large treasures of wealth, but what were they to the moral affluence unbared to the world by the 'Times' Sesama *Advertisement!*

The great men of Rome took a name from some prominent circumstance connected with their greatest achievement—and thus we have an Africanus, Macedonicus, &c. Sir David, though he has doubtless done much ir his active life, has achieved naught greater than the "*Advertisement.*" We submit then to the profession that he is entitled to take the well-earned prefix of Sir ADVERTISEMENT Davies. The name for grandeur beats David to pieces, and for euphony Llewellyn and Cadwallader cannot be spoken with it on the same day. "The name, sir," as Johnson said of an equally great man, "is the history of a life." Nothing, indeed, could be more appropriate. Napoleon's reputation, say some, stands upon his bulletins; Lord Palmerston's, on his protocols; and, Sir David's, following in the same high path, is built on his advertisements. Warren's brilliant blacking, Morrison's universal medicine, Cockles' pills, and Sir David's court visits, will occupy the same lofty shelf in the libraries of posterity.

There are some scrupulous upstanders for professional etiquette, who affect to see something naughty in the plan of our friend Sir Advertisement Davies. They tell you, forsooth, that it is taking a mean advantage of the honourable man, who will not descend to such *low* arts—as they prudishly call them—who stands honestly on his professional merits like a Chambers—a Holland—or an Elliotson—who shrinks as from contamination from publishing or lauding himself save by his acts. But such nice reasoners commit the grave logical error of asking similar effects in dissimilar circumstances. If the eagle may cleave its direct way to eminence—the viper to reach it must crawl. While the pure air is the natural medium of the one, the other cannot stickle at filth without relinquishing the hope of ascent.

LOGIC.—The Secretary of the Clergy Mutual Assurance Society objects to pay medical men for their opinions, because the directors of the company give *their* services gratuitously.

PHYSIOLOGY OF THE CIRCULATION BY ANASTOMOSES AND CAPILLARY VESSELS.

By CHARLES DEAZELEY, Esq., B.A., M.R.C.S.L.

I CONSIDER the anastomoses of arteries to be of four kinds: to the first I give the name of *circular;* to the second *angular;* to the third *transverse;* and to the fourth *angulo-recurrent.* The *circular* is that form where the arteries diverge from their origin, and then by converging, anastomose; as may be seen in the vessels of the mesentery, where two branches bending towards each other, and joining at their extremities, form arches. In the anastomoses of this kind, the currents of blood, flowing in contrary directions along the two branches, meet at the point of union, and mutually repel each other; their particles mingle, and lose much of their motion in that reciprocal shock; the blood then follows a middle direction, and enters the branches which arise from the convexity of these anastomotic arches.

The *angular* anastomoses are found when two parallel branches meet at an acute angle, and unite into one trunk of a greater calibre than each taken separately, but not so large as both together; thus the two vertebrals join to form the basilar artery. In this kind of anastomoses, the motion of the blood becomes accelerated, because it passes from a more capacious into a straighter channel, and the forces which determined its progression are concentrated into one. The *transverse* anastomoses is that form where two arteries communicate by transverse branches which pass from the one to the other, as is seen within the skull; thus the two anterior cerebral arteries, or the arteriæ calosæ are united by the transverse or anterior communicating artery, the transverse anastomoses are well calculated to promote the passage of the blood from the one branch into the other, and to prevent congestion in the tissues. Lastly, the *angulo-recurrent* anastomoses are well adapted to convey the blood from one artery to another, in the neighbourhood of joints, or places where great motion is required; such as the anastomoses of the ulnar and radial recurrent arteries, with the anastomotica and profunda branches of the brachial artery. It is most beautiful to behold the provisions which nature has made to facilitate the circulation of the blood through muscular structures. I have always observed, in the dissection of muscles, that whenever arteries of a certain calibre penetrate into them, the arteries are surrounded by a tendinous ring, which, during the contraction of the muscle, becomes enlarged from the extension in every direction affected by the muscular fibres, which are attached to it around its circumference; therefore, the flow of blood into the arteries, which are distributed to muscles, is not interrupted when these muscles contract, but, in reality, greatly facilitated. The existence of this truly admirable conformation may be readily ascertained, by observing the aorta in its passage through the crura of the diaphragm; the perforating arteries of the thigh, where they enter at the back part of the limb into the adductor muscles; and the popliteal, as it passes through the upper part of the soleus muscle.

The arteries, after dividing into branches, these branches into lesser ones, and these still into progressively smaller ramifications, terminate in the tissue of our organs, by becoming continuous with the veins. The venous system arises, therefore, from the arterial system, the origin of the veins being merely the more minute extremities of the arteries, which becoming capillary from the great number of divisions they have undergone, bend in an opposite direction, and become altered in their structure; these minute capillary arteries form, with the minute veins with which they are continuous, and with the lymphatics, wonderful meshes in the tissues of the body.

It has been considered by many physiologists, that the capillary blood-vessels are an intermediate system between the terminations of the arteries and commencement of the veins, in which the blood, entirely out of the influence of the heart, flows slowly with an oscillatory and sometimes retrograde motion, is not red, as its globules are strained, as it were, and in a manner lost in a colourless serum, which serve them as a vehicle. Those physiologists also assert, that the capillary vessels admit only the serous portion of the blood, when performing their healthy functions: both of these theories, I firmly believe, are erroneous; inasmuch as no such thing as a distinct capillary system of vessels exists, into which the terminations of the arteries empty their blood, which is afterwards, as it were, absorbed by the commencement of the veins. After a minute investigation of the capillary vessels, (for such we may call them on account of their smallness, and not on account of being a distinct set of vessels in themselves,) I have concluded in my own mind, that only two sets of vessels are employed in the circulation of the blood, namely, the arteries and veins; as I have found, on several occasions, when using very fine injection, that I could inject the veins to a small extent from the arteries, and by minutely dissecting the branch of an artery, it appeared to subdivide into innumerable branches, from which the minute veins appeared to take their origin. This, together with the elaborate investigations, and the unparalleled vascular preparations made by the immortal Ruysch, in my opinion tend to prove, that there is no distinct capillary set of vessels.

I think it can be proved from analogy, that the most minute ramification of an artery is capable of transmitting a single globule of red blood when in the natural state. According to the opinion of Dr. Bostock, a single globule of red blood measures in circumference only the three-thousandth part of an inch, and most probably it does not measure so much; therefore, it is easy to conceive how a series of globules so small may pass in succession through a capillary artery, without their colour becoming perceptible to the naked eye, when the vessel is performing its healthy functions.

It is, in fact, necessary that bodies should be of a certain bulk to reflect the rays of light at an angle sufficiently obtuse that the eye may discover their colour. For instance, grains of sand reduced to a very fine dust appear colourless when examined separately, and are seen to possess colour only when in a state of aggregation: further, suppose we take a horny substance of a red colour, and detach from it very thin laminæ; the laminæ thus procured will appear transparent and colourless, though the part from which they have been detached be of a red colour; but if several of these transparent laminæ be laid on one another, the red colour developes itself, becoming darker in proportion as a greater number are brought together.

Let irritation, from whatever cause, determine the blood to flow into the serous capillary vessels in greater quantity, and with more force, these vessels will become apparent, the organs in whose structure they circulate will acquire a red colour more or less deep, on account of those vessels becoming congested.

Some capillary vessels at all times transmit a large quantity of the red globules of the blood, and uniformly exhibit a red colour; this is the case with the capillary vessels of the spleen, of the corpora cavernosa of the penis, of the bulb

and corpus spongiosum of the urethra; which are nothing more than an innumerable quantity of capillary arteries and veins, anastomosing with each other in every direction. It is erroneous to consider the penis as formed entirely of cells, into which the arteries propel the blood in erections, which blood is afterwards carried away by the veins as the erection ceases. The number of capillary arteries is much greater in the secretory organs, than in those in which life only carries on the process of nutrition. It is on that account that the bones, the tendons, the ligaments, the cartilages, contain so much smaller a quantity of blood, than the mucous membranes and the skin. The capillary vessels are, however, very numerous in the muscles, which owe their colour to the great quantity of blood they contain. It is, therefore, not to be wondered at that these organs should have a greater number of capillary vessels sent to them, since these vessels do not supply them merely with molecules to carry on nutrition, and to repair the wants of the part, but impart to them the principle of their frequent contraction, as the blood appears to form an essential element in muscular contraction. The quantity of capillary vessels is so great in all these parts employed in the twofold offices of nutrition and secretion, that the celebrated Ruysch penetrated with his injections the whole thickness of their substance, to such a degree, that the organs which he had prepared were only a wonderful and inextricable network of arteries and veins extremely minute.

On these anatomical preparations, made with an art hitherto unrivalled, Ruysch grounded his hypothesis relative to the intimate structure of the body, in which he considered all was arteries and veins—an hypothesis which has obtained, and deserves to obtain, the most favourable reception from all those who prefer practical and elaborate investigations to idle and fictitious theories.

The sanguineous capillary vessels anastomose, and form a network that envelopes every vital part of the body. Their frequent communications do not allow obstructions to take place, and to produce inflammation as Boerhave thought. Haller, Spalanzani, and all the microscopic observers, have perceived threads of blood flowing in the capillary vessels, and have seen them flow back, when they were not admitted to seek other easier entrances.

It may be easily seen by the help of a microscope, in some cold-blooded animals, how the arteries terminate, and how the veins arise from them—such as the frog and salamander. In some fish we may, even with the naked eye, observe frequent inosculations between the arteries and veins. In man, however, and in other warm blooded animals, these communications take place only at the extremities of the two systems of vessels.

When we consider the innumerable inosculation of arteries everywhere kept up throughout the whole body, I firmly believe that any artery in the body, (the arch of the aorta excepted) may be obliterated, either with a ligature, or from a coagulum of blood formed spontaneously within its calibre; and yet sufficient circulation will be carried on, by collateral channels, to support the vitality of any part of the body, after the circulation has been arrested in its principal artery. The surgeon who possesses the mens conscia recti, and a thorough knowledge of human anatomy, should never hesitate to apply a ligature in emergent cases of hæmorrhage from large arteries, or aneurisms, and if the operation is well performed, and the patient is properly treated afterwards, mortification rarely follows. But he who does not thoroughly understand the science of human anatomy, should never attempt to perform, even the most simple operation on the human body; inasmuch, as the unskilful operator must become bewildered in his own ignorance, and most probably destroy the life of a human being.

Nature is the most ingenious fabricator: there can be no machine so beautifully formed, and parsimoniously organised, as that of the human body; therefore the science which teaches us how to repair it, when out of order, must be preeminent; the profession which alleviates suffering humanity, and prolongs the lives of our fellow-creatures, must be the most noble.

CORRESPONDENCE.

INCIPIENT TUBERCLES.

To the Editor of the 'Medical Times.'

Sir,—Perhaps you may have the kindness to give the following case, with the preparatory remarks, a place in the next number of your invaluable journal. The case is one of incipient tubercles, with hemoptysis, occurring in a lady, and successfully treated by the use of a seton, and kreosote internally.—I have the honour to remain, Sir, your obedient servant,

James B. Thompson, A.B., M.D.,
Surgeon, Accoucheur, &c.,
Member of several Medical Societies.

No. 33, Upper Gower Street, University College.
December 8, 1841.

Diagnostic Symptoms of Lung Affections, ordinary, predisposing, exciting, and proximate causes, &c., being preliminary remarks addressed to the Westminster Medical Society.

Phthisis, or pulmonary consumption, mostly sets in with a short, dry cough, often so slight as to become *habitual*, previous to its exciting the notice of the *patient*, or the attention of the *friends*. The respiration is more easily hurried by bodily motion; the patient rather feels *languid* and *indolent*, and soon loses muscular power; the circulation becomes engorged; the *pulse small, thready*, and *quicker* than usual; ere long some fresh exciting cause aggravates the *cough*, which becomes troublesome, at night particularly, or when changing from the erect to the recumbent position, or *vice versa;* the respiration is anxious: a feeling of oppression and straitness about the chest is complained of. The expectoration is at first of a *clear frothy saliva*, very little *mucous*, but soon becomes tenacious, thick, ropy, opaque, and mucous, often tinged with blood; respiration becomes more laborious and difficult; the atrophy and debility are on the increase; pain is complained of in the thorax, generally about the sternum, but as the disease advances, the pain becomes more circumscribed on one or both sides of the sternum, but I think more generally on the right side, under the clavicle, or lower down; this becomes increased on coughing, or in making a full respiration, and often so very *acute* as to prevent the patient lying on *that side*. The expression of countenance now becomes altered, and easily *flushed;* pulse quick, *wiry, and hard;* the secretion from the kidneys rather *high coloured*, and in the male adult often deposits a *lateritious sediment;* the tongue appears *clean*, and preternaturally *red*, which seems in these cases to extend to all the chylopœtic viscera, so far as a functional derangement; the symptoms, as in all diseases, increases towards night; the febrile symptoms now assume a hectic form, and there are regular exacerbations. These are generally ushered in by a sense of chilliness, or as if cold water were trickling down between the shoulders, and are followed, in some short time, by a profuse perspiration, during which the patient feels relieved, and often gets a little rest. Towards this stage the appetite, which was at first very poorly, rather improves, and, as the nurse will tell you, the patient has a rather more than usual desire for *food;* this is, I believe, peculiar to all *glandular affections*, at least in the *young invalid*. The sclerotic coat of the eye, in these cases, assumes a *pearly whitish colour*. *Diarrhœa* soon sets in, and alternates with *colliquative sweats*. I may here remark, that the *muco-purulent expectoration*, in cases of phthisis, is often swallowed during the night, and often from inability of the patient to spit it out; and it has been found that this acts as a purgative, and often proves very prejudicial to the poor invalid, and therefore should, by all means, be guarded against; the stomach often becomes irritable and rejects food, however light. The atrophy is on the increase; the *exacerbations continue*, and during their presence a *circumscribed redness*—the *hectic flush*, as it is called, often appears on both cheeks, but I think more frequently on the *left;* sometimes the face is pale, particularly in old subjects, and is rather dejected. The malar bones become prominent; the eyes hollow and languid, very often more than usually brilliant in the female patient. The hair falls off, as in all diseases, I believe, but the fingers and nails more particularly are of a *livid hue*, and rather curved and flat at the point; the lower extremities swell, and œdema seems pretty general. Often these patients are troubled with *apthous sores* in the back and roof of the mouth. The appetite may still continue good, as was witnessed in a case a few days ago in the York Road at Lambeth, in a young man who *died* soon after a very *hearty dinner*. These patients are particularly remarkable for flattering themselves with the hopes of *recovery*, and are very often vainly anticipating the *distant projects* of *interest* or *amusement*, when death *steps in* and puts a period to their *earthly career*.

Now, as to the *predisposing causes*.—There is hereditary predisposition, as in all other diseases; there is a particular formation of body, as narrow chest, long slender fingers, *long neck*, prominent *shoulders*, sanguineous temperament, constitutional irritability of the lungs, scrofulous diathesis, sedentary habits, as instanced in clerks, tailors, weavers, and shoemakers, &c.—*Exciting causes* are, the sequelæ of certain preceding diseases, as variola, rubeola, scrofula, syphilis, *hemoptysis*, pneumonia, catarrh, *asthma*. The dust invariably suspended in the atmosphere where artificers work, such as millers, stone-cutters, needle-pointers; and violent and depressing passions of the mind, as anxiety, grief, or disappointment of any kind, intemperance in any shape, evacuations when prolonged and profuse, such as diarrhœa, diabetes, fluor albus, menorrhagia; females who continue to suckle too long under a weakened state of constitution, the application of cold united to moisture, as lying in damp sheets, sudden transitions, as going from balls and theatres into the open air, fresh *blankets* not *stoved*, &c.

The *proximate cause* of phthisis, is the formation and developement of tubercles in some particular portion of the lungs, supposed to be more generally in the upper and middle lobes of the right lung. These tubercles, from various causes, inflame and suppurate, become vomicæ or abscesses, and eventually communicate with the bronchial tubes, or smaller air-vesicles.

Case.—*Incipient Tubercles with Hæmoptoe. Utility of a Seton.—Kreosote given internally.*—A lady, twenty-five years of age, the mother of three children, about two years and a half ago, got pneumonia, for which I attended her, and after the usual treatment, succeeded in subduing the inflammation, and she became convalescent in about three weeks. The winter following she caught cold, and a cough supervened, which she neglected, and suffered from during the greater part of the winter and spring, at which time she

exhibited symptoms of irritability of the heart, which aggravated very considerably her previous chest affection. After pursuing the ordinary treatment for similar affections, and perceiving no beneficial results after a fair trial, I deemed it advisable to direct this lady to change the air, and to try what moving about may do. She accordingly did so; and, after some months going about, her friends seeing that there was no improvement as to her general *health*, or in her chest affection, the cough still continuing, sputa tinged with blood, with a mucous râle, and dulness on percussion over the left mamma and under the clavicle, rather circumscribed, they determined on her going to London, and consulting some of the physicians there. She did so; and after remaining a month or six weeks in London, it was found she did not improve, but rather got worse, as regarded all her previous symptoms, with the aggravation of her heart affection. She then returned to Dublin, and was put under the care of some of the most eminent physicians and surgeons, who examined her most minutely, by percussion and auscultation, and whose unanimous opinion was, that this lady's case was "one of a very peculiar and embarrassing nature, and that there was something in it very essentially different from that of ordinary tubercular disease."

Their mode of treatment was the usual palliation practice resorted to in cases which are looked upon as all but hopeless.

After staying in Dublin for near four months, her friends became again despondent, and with the advice of her physicians took her home, to try what her native air might do for her; in other words, to die in peace. She was accordingly carried to her country family residence, when she was again put under my care last October.

I instantly felt reluctant to try anything further; but, after consulting with one of her former medical advisers, by letter, I put her on a more nutritive plan of diet than she had been allowed previously, taking care that this regimen did not excite or accelerate the action of the heart. At this time she was subject to very violent and distressing palpitations, (pulse rating from 125 to 135,) which disturbed her rest at night, aggravated her cough, and increased the hæmorrhagic tendency, which latterly became rather alarming: her bowels became very irregular, and always required aperient medicine; her stomach had been previously so delicate, that she was scarcely able to bear the jellies and other light nutritive diet which she was now allowed. She was now subject to profuse prespirations at night, pulse very quick and occasionally intermittent, and loss of rest unless induced by anodynes, which, up to this period, she had been in the constant habit of getting. I gave her a combination of lactucanium, hyoscyamus, and belladonna, in pills, and prussic acid in the mornings in asses' milk, increasing the acid gradually up to ten minims daily. I had the chest sponged with strong salt water, night and morning, and discontinued all counter-irritation for a short time. I may here remark that the new mode of irritation by means of Albespeyres blister, is, in my opinion, very inefficacious, and not near so effectual as the common blistering ointment, or what I would prefer in those cases, the Croton oil in spirits of turpentine.

I pursued the above treatment for about a fortnight, and at the end of that time I perceived my patient rally somewhat; I then went on, and after eight or ten days more found that the bowels were becoming more regular, the nights were comparatively comfortable, and the prespirations on the decrease; the stomach somewhat improved and the appetite getting better. I now directed infusion of Colomba ℥vj. with carbonate of soda ʒiij.; compound tincture of cardamones ℥ss.; compound tincture of gentian ʒij.; and in a dessert spoonful of this, she was directed to take a teaspoonful of the Cheltenham salts. I gave her every third night anodynes with Kreosote, increasing the quantity gradually from three minims up to eight; also infusion of diosma crenata with tincture of lobelia inflata, digitalis, and conium, to be taken when the cough was troublesome. I continued this mode of practice for nearly six weeks, occasionally altering and suspending for a day or two the anodynes and medicines generally. At the end of the second month I determined upon using a seton, and accordingly inserted one, about two inches in length, over the left mamma, where I had detected dulness: about the third day a tolerably good discharge was established; in the course of a week there was a remarkable diminution in the amount of blood in the sputa; her health was greatly improved, so as to do away nearly with the necessity for anodynes; the general health was by this time so far improved as to enable her to be allowed to go about her bed-room; and after a month's further continuance of this line of treatment, she was daily and gradually improving; her appetite and stomach were much improved by the tonic medicine which I occasionally changed to infusion of tamarinds and gentian with the former tinctures. I directed her to keep to her bed-room during the spring, as we then had severe easterly winds very prevalent. She did so, and by the end of April was so much better, as to be able to leave her room and take an airing in a close carriage; she is now able to walk about and drive out in an open carriage. All her unfavourable symptoms, dulness on percussion, râles, have left her. Her general health is good, and her strength is rapidly returning. I had a letter from this lady recently, and she says she never enjoyed better health. "Her constitution is thoroughly renewed," are her own words. Here is a case which will show the caution and great care with which medical men should give their opinions. It was, no doubt, put down as a hopeless case, and under the general heading, *consumption*; which disease, in its true character, is, in my very humble opinion, much less frequent than medical men or the public generally suppose. I have no doubt but that in this case there were tubercles is an imperfect stage, and that it was the irritation consequent on their presence which induced the hæmorrhagic tendency that exhibited itself, and but for the mode of practice pursued, it is probable that this case would eventually have terminated in the usual way. I must differ from the general practice of putting such patients on the purely antiphlogistic regimen. We should take into consideration the debilitating nature of the disease, and should, therefore, endeavour to keep up the strength of our patient by a regimen of a very nutritious and rather fluid farinaceous nature.

To the Editor of the 'Medical Times.'

SIR,—Her Majesty's Ministers having fixed on the 21st of December for the meeting of Parliament, it is very clear that they do not mean to go to business just then; if they did, they would not have chosen the shortest day in the year to begin. In forty days after the period now fixed. I expect Parliament will assemble for the dispatch of business, and I hope also for improvement of the medical profession. We should be prepared with some plan of what we really want, and what we mean by medical reform: this, in my opinion, is the first thing to be done before we apply for legislative interference. How can we expect members of Parliament to decide if we are not agreed among ourselves? and if we find difficulties, and are decided as to what kind of reform we want, can we wonder that Messrs. Warburton, Hume, and others, out of the profession, have not been able to frame a bill to our satisfaction? We must ourselves overcome the difficulties, and then call on Parliament to assist us. From what I have read and heard, the one-college scheme does not seem to meet with general approval. Before we begin to interfere with, or attempt to annihilate the present medical corporations, we ought to be prepared to prove that there are abuses existing in them, or that the present corporations have been guilty of some act that would render them unfit to manage them; for depend on it, the moment we begin to meddle with these bodies a whole host will rise up in their favour; we should not only have them as opponents, but they would influence a very powerful party in Parliament against us; we should also have the prejudices of the public to contend with, which I believe to be in favour of the present institutions in the profession. I must confess that I am myself somewhat attached to the terms, College of Physicians, College of Surgeons, and Society of Apothecaries, in them consist the seeds of much that could be made available for the purpose of improving the present state of the profession. Their officers are annually elected, and they publish every year a list of their members; and if any one will take the trouble to read the recent regulations of the College of Surgeons, and the Court of Examiners at Apothecaries' Hall, they will then see the high qualifications that are necessary for a candidate to possess who wishes to obtain a diploma from the College or a certificate from the Hall, and they must be at once struck with the numerous and varied acquirements that are required for the purpose, and must admire and approve of the anxiety and care evinced on the part of the examiners to admit none as members but those who, from their education and great attainments, are likely to become useful and scientific members of the profession: and I think there would be some difficulty in getting members of Parliament to vote for any measure that was intended to supersede these examiners, and to destroy the corporations to which they belong: we should have to convince them that those institutions are not fit for the purpose they were originally designed, and that they were not capable of being reformed. We may be also called on to prove that the present Censors of the College of Physicians, the Council of the College of Surgeons, and the Court of Examiners at Apothecaries' Hall, are incompetent to the duties they are called on to perform. I should like to know who is to do this. Now, I consider it possible to re-organise those bodies, and they may be made responsible corporations, instead of being irresponsible. I dont mean that we are to wait till they reform themselves, but an act of Parliament to be procured for the purpose. They may still be empowered to take part in the examination of all candidates for medical and surgical honours, for which they would have their fee; and it would be imperative on the part of the candidates to produce a certificate from the College and the Hall when they apply for their license to practise. The power to confer this license I would invest in the College of Physicians, which should entitle the possessor to practise in whichever branch of the profession his inclination might lead him. Those gentlemen who are now in practice with only a diploma from the College of Surgeons, should be admitted a licentiate of the Hall by paying the price of the certificate; and those that are in practice without a diploma from the College of Surgeons, should be admitted a member on paying the price of the diploma; the whole then to be enrolled at the College of Physicians; and we should thus have a record of the whole medical body. To the College of Physicians should be given new and more extensive powers; they should have the control and superintendence of the whole medical profession and medical jurisprudence. Such a reform as this, I think, is practicable, and likely to get the support of Parliament; but the one-faculty scheme is *not*, in my opinion, practicable, or likely to get the sanction of Parliament.—I am, Sir, yours, &c.,

ARGUS.

Bath, Nov. 25 1841.

[We have been obliged to curtail this letter to its most important parts.—ED.]

CLINICAL LECTURES.

By Dr. BURNE.

LECTURE I.—ABSCESS IN THE LIVER.

GENTLEMEN,—We have here an exeellent specimen of peritonitis which is well worth your attention. The case is one of such importance, that it is very necessary you should know all the particulars of the case.

J. C., a fine made man, but partaking of the peculiarities of the mulatto, was admitted into this hospital, 19th Oct. 1841, labouring under acute inflammation of the liver. From the history he gave of himself, it appears he had not been under any medical treatment, but had allowed this to go on for some time, until at length the pain became excessive, and he was obliged to apply for relief. When admitted he was very low and weak. He died soon after his admission.

Diagnosis.—From the history of the case, it was diagnosed that he had inflammation of the liver, with a tendency to form hepatic abscess. The pain and tenderness in the region of the liver, attended with tumefaction, showed that he laboured under hepatitis; the tumefaction not subsiding, suppuration was supposed to have taken place; from symptoms which occurred soon after, it was supposed that the peritoneum was perforated, resulting from the excessive inflammation; that this had produced effusion, which had caused suppuration of the inferior lobe of the right lung, supposed to be involved.

Remarks.—Upon dissecting back the parietes of the abdomen, the omentum, liver, and in fact all the viscera were observed to be united firmly by a concrete albumeno-fibrine; the peritoneum lining the abdomen was intensely vascular and of a dull purplish colour; there were two small abscesses in the upper surface of the left lobe of the liver, a large one in the right lobe at its inferior margin; the stomach, intestines, and peritoneum, were all adherent from the effusion, the result of inflammation. The liver was about the usual and full size, but the right lobe was almost entirely destroyed from pus and concrete abscess; the abscess had given way under the diaphragm. Anteriorly and inferiorly the abscess had perforated the peritoneum, the pus escaping produced the intense inflammation which destroyed the patient; the effusion was a sero-purulent matter. The right lung was adhering to the pleura-costalis and diaphragm; you might break it down with your finger with the greatest ease. He remained from the 25th September to 19th October without medical treatment; he ought to have been cupped, bled, and mercury administered in the first stage; but no active treatment could be advised in this case where it would be worse than useless; from the absence of respiration in the inferior part of the right lobe and dulness on percussion, it was concluded he had hepatization of the lung. This disease is common in India, but so rare in this country, that I have never seen so complete an abscess of this viscus during the time I have been in practice.

No matter could be found in his expectoration; it might have been discharged by the alimentary canal, by expectoration; it might also have pointed externally, and also (as in this case) emptied itself into the peritoneal cavity of the abdomen, which causes of course inflammation to an intense degree. A little fluctuation was also found during the later periods of the disease: the adhesion of the colon to the liver accounted for the obstinate constipation which existed in this case. The urine latterly was of a porter colour; this was supposed to be caused by the presence of bile, which was proved by the addition of muriatic acid causing a green deposit, and this, if viewed in a glass, appeared as if you had a straw-coloured fluid floating in the urine. The matter he discharged in some way or other, so large a quantity could not be absorbed.

I will briefly mention a case less common than this, and one of which I have never seen an equal. Dr. Carswell asserts, that the origin of tubercular matter is from a mucous membrane; his reasons are completely set aside by this case. Mrs. ——, a butcher's wife, was attacked with great abdominal disturbance; in a few days the distress and danger became very great, attended with vomiting, pain in the right hypochondriac region, exquisite tenderness on pressure of the abdomen in this region; abdomen full, but symptoms related more to the region of the liver; in two days from the period of attack she expired.

Examination of the Body.—There were osseous growths from the dura mater, but this does not refer to the case under our notice. The liver was studded by 20 or 30 small collections of pus in the upper surface, varying in size from that of a pea to a bean. I imagined that they were the terminations of the hepatic ducts, and after carefully examining, I found that the ducts were full of a white purulent matter, and all the ramifications were filled with the same matter; tracing the ducts I found that the small abscesses were the terminations of the ducts—the ductus communis choledochus; the cystic and hepatic ducts were also filled with this puriform matter.

Dr. Carswell, in his Elementary Forms of Disease, says that the tubercular matter in phthisis is secreted from the mucous membrane of the lungs; he gives a drawing of it. I have searched, but never found it in the mucous bronchia: he also gives a drawing where the hepatic ducts were full of tubercular matter in a rabbit. In my opinion, this was nothing more than a creamy matter, and not tubercular deposit in the hepatic ducts.

[Lecture 2—On Laryngeal Asthma—in our next.]

DIFFICULT CASES IN MIDWIFERY,

IN WHICH DELIVERY WAS EFFECTED BY CRANIOTOMY. BY ROBERT LEE, M.D., F.R.S.

THE following cases will illustrate the various circumstances which render Craniotomy necessary, and the best methods of overcoming the difficulties and obviating the dangers with which it is accompanied.

A dwarf from the Mauritius, Santiago de los Santos, married an English woman at Birmingham, whose height was three feet and three inches. She became pregnant, went to the full period, and was in labour at Chelsea, on the 14th April, 1835, under the care of Mr. Bowden. Dr. H. Davis was consulted; and finding the pelvis greatly distorted, he opened the head of the fœtus on the afternoon of the 15th April, and removed with the crotchet a part of the bones of the cranium. At 9 P.M. we proceeded together to complete the delivery with the crotchet, the outlet and brim of the pelvis being so contracted that all the varieties of craniotomy forceps were perfectly useless, as they could not be applied. The operation lasted nearly five hours; and the head of the fœtus could not be drawn through the brim of the pelvis, until the bones of the base of the skull were all torn to pieces with the crotchet, the point of which was generally passed up on the outside of the head. An arm was next drawn down, and the thorax torn open and all the viscera extracted. So great was the degree of distortion, that the pelvis of the child could not be drawn through the brim of the mother's pelvis till after long-continued efforts with the crotchet. We were both thoroughly exhausted before the delivery was accomplished; and it seemed at first impossible by any means to extract the child, without producing fatal contusion or laceration of the uterus and vagina. On the 12th of May the patient was walking about and perfectly well.

From this and similar cases I am convinced that the crotchet is the only instrument that can be used effectively to extract the head, after parturition, where the pelvis is greatly distorted. The undilated state of the os uteri, and the contracted brim and outlet, render it impossible to introduce the blades of the craniotomy forceps to grasp the head, till it has been drawn into the cavity of the pelvis.

On the 13th Sept., 1832, I was called to a patient in the lying-in ward of the St. Marylebone Infirmary, who had been thirty-six hours in labour with her first child. There was a great distortion of the pelvis from rickets in infancy. The perineum and vagina were rigid, the os uteri not more than half dilated; and the whole head of the child above the brim of the pelvis. The pulse was rapid, face flushed, and abdomen tender. I first dilated the external parts gently, then passed forward the fore and middle fingers of the left to the head, and along these slid up the perforator, and opened it, and then destroyed the brain. I found it impossible to pass up the craniotomy forceps and fix it upon the head, and the extraction was slowly effected with the crotchet. It was necessary, while operating with the crotchet, to pass nearly the whole of the left hand into the vagina, that the fore-finger might reach sufficiently high to guard the point of the instrument, which was passed through the opening in the skull.

The operation lasted two hours, and the bones of the skull were all torn to pieces before the head could be extracted. Dr. James Jackson, of Boston, United States, whose premature death many have lamented, was present; and after the delivery was accomplished, he informed me that distortion of the pelvis was rare in America, and that his father had been thirty years in extensive practice at Boston, and had never met with a case of difficult parturition requiring the operation of craniotomy.

On the 15th March, 1832, I saw Mrs. Kirby, October 29, residing in Gee's Court, Oxford Street, who had been more than forty-eight hours in labour with her first child. She was extremely exhausted; and the pains, which had long been regular and strong, had nearly gone off. The outlet and brim of the pelvis were both considerably distorted; and as the greater part of the head was still above the brim of the pelvis, and the soft parts were swollen and tender, delivery was immediately accomplished by craniotomy. The difficulty experienced in extracting the head with the crotchet after it was opened, proved that delivery could not have been completed by any other method, and that the child, if alive, could not have been preserved.

This patient again became pregnant, and I proposed to induce premature labour on the 21st July, 1838, when she was seven months and a half pregnant; but she would not consent to this. Labour came on spontaneously at the commencement of the eighth month of pregnancy. A foot presented, and the child was extracted dead, without craniotomy.

Mrs. Kirby came into the St. Marylebone Infirmary, May 23rd, 1834, in labour at the full period. I was called to see her early in the morning, and found the os uteri fully dilated, the membranes ruptured, and the head firmly fixed in the brim of the pelvis. The pains were frequent and very strong. At 11 P.M., six hours after, the pains continued with increased violence, and the head was still more firmly jambed in the pelvis. A large swelling had formed under the scalp, and the meconium was escaping from the vagina. Two strong fits of convulsion had been experienced, for which a copious venesection had been employed. I found her completely insensible, with dilated pupils, and constant convulsive movements of the muscles of the face. The pains increased with such violence, and recurred at such short intervals, that I dreaded rupture of the uterus.

At 3 P.M. other two strong convulsion fits had occurred; and the head having made no progress, I determined to deliver by craniotomy.

After the head had been perforated and drawn into the cavity of the pelvis with the crotchet, it was easily extracted with the craniotomy forceps.

The small size of the pelvis, the impossibility of applying the forceps to the head, and the imminent risk of rupture of the uterus, with the result of the former labour, were the circumstances which made me determine to open the head. The induction of premature labour was again recommended to this patient, but without success; and she again became pregnant, and went to the full period.

Mrs. Kirby, the same patient, again came into the lying-in ward of the St. Marylebone Infirmary, on the 3rd December, 1836. Labour had commenced early the preceding day; the liquor amnii escaped soon after, and the pains had continued strong and regular during the whole night. On the morning of the 3rd, I received a note from Mr. Sandford, requesting my immediate attendance. The head of the child had long been firmly fixed in the brim of the pelvis. The ear could not be felt; the vagina was hot, tender, and swollen. The efforts to expel the child were violent and incessant. The countenance was flushed, and she was occasionally delirious. The abdomen tense. She expressed her conviction, when free from pain, "that she would soon burst if not delivered." I perforated the head without delay, and readily extracted it with the craniotomy forceps. The placenta was expelled soon after, and no bad symptoms followed.

In the four following cases the operation was equally necessary and justifiable, though accompanied with less difficulty and danger.

18th Nov., 1828, I was called to Mrs. Freer, 61, St. John Street, Smithfield, with protracted labour. The membranes had been ruptured two days before, and the labour pains had been regular ever since that occurred. The os uteri was about half dilated, and the head had scarcely entered the brim of the pelvis. It was evident, from the contracted state of the pelvis, that the head could not pass without being lessened in size. The operation of craniotomy was difficult, and there was an attack of uterine inflammation afterwards experienced, from which she recovered slowly. The late Mr. Baker assisted in extracting the head.

This patient had a lateral curvature of the spine from an early period of life, and had been delivered by craniotomy five years before.

Mrs. Freeman, 17, Duke's Court, Drury Lane, 19th Sept.. 1828. Has had several living children. The last labour was so difficult that the head of the child was opened. She has now been two days and two nights in labour. Membranes ruptured 36 hours ago. Head firmly compressed between the sacrum and pubes, a great swelling under the scalp, and has not advanced for 24 hours. Vagina swollen and tender. Pains becoming weaker. No attempt was made to deliver with the forceps or vectis; great force was required to extract the head after being opened. Right parietal bone of the child depressed and fractured.

On the 5th Feb., 1829, a patient of the Middlesex Hospital, residing in Compton Street, Brunswick Square, had been in labour under the care of a midwife about 50 hours. She had been delivered with difficulty five times before, and all the children except one had been still-born. I found the head impacted in the brim of the pelvis. The ear could not be touched. The orifice of the uterus not fully dilated. Pulse 110 and feeble; great tenderness of the abdomen. The pains had nearly gone off.

Considerable force was required to extract the head after it had been perforated. No attempt was made in this case to deliver with the forceps. Recovered perfectly.

Mrs. K——, æt. 20, 3rd April, 1828. In labour with her first child from Monday till Thursday night, under the care of a midwife. The navel-string without pulsation prolapsed; brim and outlet of pelvis distorted; head of the child has not entered the cavity of the pelvis; os uteri only partially dilated; vagina swollen and tender; pains have been gradually diminishing in strength and frequency. Dr. H. Ley saw her with me, and approved of immediate delivery by craniotomy. The bones of the cranium were all torn away with the crotchet before I succeeded in drawing the base of the skull through the brim of the pelvis; the point of the crotchet being fixed on the outside of the head near the left angle of the lower jaw, its extraction was at last accomplished. Great force was afterwards required to drag the shoulders into the cavity of the pelvis.

Though the parts within the pelvis must have been severely contused during the operation, no bad symptoms followed, and this patient has again been delivered at the full period by craniotomy.

Mrs. Crowther, æt. 45, Dec. 6, 1830; No. 9, Tavistock Mews, Little Coram Street.

Has had nine children. All her labours have been difficult, and the two last so much so, that artificial assistance was required, and the children were still-born.

Labour commenced on the 3rd inst., and the membranes were soon after ruptured. The pains were continuing feeble and irregular during the 4th, and the labour having made but little progress, 35 drops of laudanum were given by the midwife in attendance. The pains entirely ceased until the morning of the 5th, when they returned, but feebly and irregularly. At 10 P.M. two doses of the ergot of rye were given, and soon after several strong forcing pains were experienced. The movements of the infant were not felt after this, and no uterine contraction has taken place to this hour, 11 A.M., Monday, 6th Dec., when I first saw her.

The discharge from the parts is become offensive; bladder filled with urine; the vagina is swollen and tender; the head, greatly swelled and compressed, is firmly fixed in the brim of the pelvis, and the finger cannot be passed around it without occasioning great pain. The ear cannot be felt, the greater portion of the head being still above the brim.

After the head had been opened, two hours elapsed before I could extract it with the crotchet.

9th Dec.—A bad night; retention of urine; great swelling and tenderness of the parts; pulse rapid; loaded tongue; headache; rigors.

Sloughing of the vagina took place, and on the 14th a fistulous communication had been formed between it and the bladder.

This unfortunate woman was soon after deserted by her husband, and has led a life of great indigence and misery ever since.

18th August, 1829.—A middle-aged woman, who had suffered severely in former deliveries, being at the full period was seized with the pains of labour yesterday morning at 1 o'clock. Last night the head of the child had begun to enter the brim of the pelvis, the os uteri being then soft and considerably dilated; labour pains continued strong and regular during the whole night. At 7 o'clock this morning the pains had entirely ceased; there was an offensive yellowish-coloured fluid discharged from the vagina; the pulse was rapid, and symptoms of exhaustion had appeared; the child had not been felt to move for two days; and the meconium was passing freely. I opened the head, and easily extracted it. A quantity of a peculiarly fœtid gas and offensive fluid, like coffee and milk, escaped after the delivery of the child. The placenta was soon after expelled.

Sloughing of the vagina took place in this case, and a small fistulous opening was formed between the bladder and vagina.

In this and the preceding case a great error was committed in not delivering earlier.

In a patient of the St. Marylebone Infirmary, the first labour commenced at 6 P.M., 1st June, 1841. The membranes were soon ruptured; and in the night the funis prolapsed, and in a short time ceased to pulsate. At 6 o'clock the following morning, a great hæmorrhage took place from the uterus. At 8, when I was called to her, the extremities were cold; the pulse scarcely perceptible; respiration laborious, and countenance sunk; blood still flowing; the os uteri was about half dilated, and the head entirely above the brim. The head was perforated, but much force was required to draw it into the pelvis. The placenta, with a great quantity of coagulated and fluid blood, followed the child. The binder was firmly applied to the abdomen, and cold to the external parts, and stimulants were freely administered. The pulse returned, and there was no further hæmorrhage; but she died in a few hours. The body was not allowed to be inspected.

Though the membranes had burst spontaneously at an early period of the labour, fatal hæmorrhage took place. From the great difficulty experienced in drawing the head through the os uteri after perforation, it was evident that delivery could not have been effected by any other method.

MEDICAL NEWS.

MEDICAL DISCOVERY.—The large gold medal of the Society of Arts was awarded on Thursday, 2nd inst., to Mr. Henry Goadby, for an important discovery in relation to the science of zoology and physiology. This discovery consists in a new mode of preparing anatomical and zoological preparations, and is applicable as well to the largest specimens as to microscopic objects. The fluid in which they are preserved is dense and transparent, and does not corrugate the preparation, nor alter the colour of the tissue. Instead of using the ordinary bottle, Mr. Goadby employs glass boxes of various sizes, which permit of the examination of every part of the preparation without the distortion of the object necessarily produced by a round vessel. Some of these preparations admit of being framed, and hung upon the walls of a room like pictures. The opinion of several distinguished physiologists was taken by the Society upon the merits of the discovery, who agreed unanimously in acknowledging it to be one of the most important steps made in this department for many years. The fluid employed by Mr. Goadby is easily prepared, and exceedingly cheap. It is calculated to supersede altogether the use of alcohol in the preservation of animal substances, and promises to be one of the greatest boons to the physiologist and pathologist that science has yet unfolded.

IRISH MEDICAL ASSOCIATION.—Drs. Benson and Nugent and the Secretary reported to the Council, Nov. 25, that they had waited upon Mr. Lucas for the purpose of calling the attention of the government to the present state of the law with respect to Coroners. The deputation, which was received with the utmost kindness by Mr. Lucas, laid before that gentleman a statement of the cases of Mr. Desmond, Dr. Thornhill, and Dr. Purefoy, as examples of the evils to which the public and the profession are subjected by the present system—and pointed out as the necessary remedies, an alteration in the qualification, mode of election, and payment of Coroners, whereby the respectability of that office would be increased; also an alteration in the mode of payment of medical witnesses, so as to make the Coroner's order absolute, and thus prevent any interference on the part of presenting sessions or grand juries. Mr. Lucas admitted the necessity of some such changes, and requested a written memorial on the subject from the council, promising that in arranging a measure on the subject, which is likely to be brought forward next session, full weight shall be given to the recommendations of the Medical Profession.

A letter was read also from Dr. Kingsley, of Roscrea, submitting to the Association a case in which a Coroner's order for medical expenses was dismissed by the session magistrate.

The Minister of Agriculture and Commerce has presented a medal to M. Renault, Supervisor of Vaccination at Orne, as a testimony of his zeal in propagating the blessings of that great discovery in this district.—*Gazette des Hopitaux.*

M. AUDOIN, member of the Academy of Sciences, of the Agricultural Section, and Professor of Antomology to the Museum of Natural History, has just died in Paris.

We have to announce the death of the "lamented Dr. Birkbeck."—Dr. Birkbeck was the son of a merchant and banker of considerable eminence, at Settle, in Yorkshire, where he was born in the year 1776. After receiving the usual rudiments of education, it was determined by his friends that he should embrace the medical profession; though surpassed by few of the faculty in medical skill, such a pursuit was undoubtedly unsuited to his natural bent. Had he been encouraged to follow his own inclination, he might, perhaps, have rivalled Arkwright or Watt. After studying for his profession in the first instance at Leeds, he removed to London, where he had the good fortune to become a pupil of the celebrated Dr. Baillie. He then, to complete his education, repaired to Edinburgh, then in the zenith of that fame as a school of medicine, which by means of nepotism, mismanagement, and conceit, it has subsequently lost. Here also he had the happiness to form a friendship with Brougham, Horner, Jeffrey, Scott, Sidney Smith, and other distinguished men. Before the 22d year of his age, he was appointed Professor of Natural Philosophy in the Andersonian Institution of Glasgow. As a medical man, Dr. Birkbeck enjoyed considerable practice, much more so than is generally bestowed on those given to scientific or literary pursuits.

M. Arago presented to the French Academy of Sciences some new philosophical instruments, especially a polarimeter and an improved thermometer, registering the maximum of the dilatation of the mercury.—M. Charbonnier communicated to the Academy, that he had succeeded in employing the nitrate of ammoniacal mercury, instead of solid mercury, in photographical operations. This he considered of importance, since the employment of the substance would be much more convenient for travellers.—M. Paillette read a memoir on the metalliferous deposits in Cantalabria, and the North of Sicily. He contradicted the usually received notion as to the antiquity of the mines found in those countries, and considered that they were not older than the beginning of the last century. He also showed, that the metals in the districts in question do not form veins, properly so called, but merely fill up the interstices between strata, or the fissures of rocks.

An Inquest was held this week on a poor woman, who died in childbed, near York. A case of gross ignorance and neglect was established against the midwife, and the jury brought in a verdict of manslaughter. The midwife has been sent to York gaol. *(Communicated.)*

A Chemist of London (Mr. Brittan) has become the victim of a scientific experiment which he was making. Having written a work on Chemistry, and wishing, previous to publishing it, to ascertain to what point a man might, without danger, respire a quantity of hydrogen gas, he made the experiment on himself, and unfortunately prolonged it for too great a time; a general uneasiness, succeeded by a complete stupefaction, supervened, and in spite of all remedial means, he died after a few hours.

Recovery of Medical Fees.—Doctor Foley processed James M'Grath at the Kilrush Quarter Sessions, during the present month, for the sum of £3 3s. for work and labour done as surgeon. On the hearing of the case, Mr. Assistant-barrister Major declared, that he never knew a fairer or more moderate demand; *it was perfectly clear that Dr. Foley's services were rendered, that the Defendant availed himself of them*, and consequently he saw no reason why a decree should not be made. The decree was instantly granted.—*Dublin Press.*

Royal College of Surgeons.—The fossil remains of a sloth and an armadillo, each as large as a rhinoceros, from South America, have recently been added to the Museum of the Royal College of Surgeons, by purchase; the sum of 300l. having been disbursed by the council to secure for their collection of comparative anatomy these rare animals, of which only very small portions have hitherto reached Europe. Although we have given the fossils the names of the diminutive quadrupeds to which they are most nearly allied, the extinct giants present differences which anatomists regard as entitling them to distinct names. The ancient representative of the armadillo is called glyptodon, and was covered with a bony coat of mail, eight feet in length, and upwards of a yard in breadth. The gigantic sloth, or mylodon, appears from its teeth to have feed on leaves; but being too bulky to climb trees, like the small sloths of the present day, it is supposed that he uprooted and pulled them down, for which the animal seems, by the strength of its bones, to have been well adapted. Be that as it may, the fossil animal which has arrived in England has had an extensive fracture along the upper part of the skull, such as the fall of a tree might be supposed to produce; and this accident has occurred some time before its death; for, though the upper bone of the skull has been driven in, the fracture is healed as completely as if the creature had been under the care of the most experienced of the faculty, in whose museum his remains are henceforth destined to form a principal ornament.—*Lit. Gaz.*

His Excellency the Lord Lieutenant of Ireland has been pleased to make the following medical appointments to the household:—To be state surgeon, Mr. Gerald Macklin; to be surgeons in ordinary, Dr. Robert Law and Dr. John Banks; to be surgeon to the household, Mr. George W. Hatchell; state dentist, Mr. P. Brophy; state apothecary, Mr. D. Pakenham.

A public *concours* will be opened on the 17th of May, 1842, before the Faculty of Medicine of Paris, for the clinical chair, vacant by the death of M. Sauson, sen.

Pure Water.—The discovery of Professor Clark, for the purifying of water, is claimed for Mr. Cooper, the Lecturer on Chemistry at the Webb Street School of Medicine.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

Navy.—Surgeons Robert M'Lean, (H.M.S. Tenedos,) G. W. Pritchett, and A. G. G. Tucker.

Surgeon A. Muirehead, M.D., to *Fly*. Assistant-Surgeon J. Campbell, (c.) to be assistant-surgeon of Greenwich Hospital, vice Page, promoted. Sidney Burnard, to *Caledonia*. Edward Heath, to *Belleisle*.

Obituary.—Surgeon Banks, h.p., staff; Surgeon T. Woods, h.p., dist.; Assistant-surgeon Hogg, h.p., 41st foot; Veterinary surgeon Darvill, h.p., 7th dragoons.

ADVERTISEMENTS.

PHARMACEUTICAL TRANSACTIONS Edited by Jacon Bell. No. VI., December 1, 1841—Price 1s.

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CLINICAL LECTURES ON PNEUMONIA.

Delivered in the Hospital La Charité, by Professor CHOMEL.

LECTURE V.—ON SOME PARTICULAR FORMS OF PULMONARY ABSCESS.

Among the particular forms assumed by pulmonary abscesses, we shall first speak of those called *metastatic*. These abscesses are seldom observed but in cases where a purulent collection accompanied by phlebitis exists in some part of the system; they are especially met with after amputations. I have sometimes seen them occur in cases of phlebitis not accompanied by any external wound; and some authors have met with them in individuals who have died of typhus fever. M. Louis, in one of these cases, found five small abscesses, containing pus of a good quality, seated in the superior part of the right lung, which was hepatized. Some abscesses of a similar nature, but merely surrounded by a narrow zone of hepatized tissue, existed in the same lobe, but rather lower down. These abscesses present characters distinctive from all others. They are almost always of a round form, and generally of a small size, varying between that of a grain of hemp seed and a large nut. Both lungs are almost equally affected, still the right is rather more frequently attacked by them than the left; sometimes they exist only in the lung corresponding to that side of the body affected by the phlebitis. They are most frequently seated in the circumference of the organ; sometimes even we find pus between the pleura and the pulmonary tissue, the latter being sound, and presenting neither red nor grey engorgement; more rarely they are situated deeply, where we may feel them through the pulmonary tissue. We most frequently find them at the posterior part, at the base, or on a level with the interlobular borders; when seated in the summit of the lung, they are generally larger and fewer in number. Numerous in most cases, they sometimes occur in such *great numbers*, that the lungs are, as it were, stuffed with them; they almost always commence in the base of the lungs, thus following an inverse course to that of tubercles. The lesions preceding the formation or deposition of pus present themselves under different aspects; sometimes, according to Dr. Tessier, they appear as small stellated points formed of the capillary vessels; sometimes as small black streaks projecting under the pleura, and perceptible to the finger when we pass it over the surface of the lung. They are usually numerous, and give to the surface of this organ a very remarkable speckled appearance. In general they are superficial, not extending more than two or three lines in depth in the substance of the lung. Most frequently these abscesses commence by a small nucleus of indurated tissue, blackish in its centre, but of a lighter colour at its circumference, giving forth a sanguinolent fluid on pressure, and sometimes containing, in its centre, one or more small veins filled with pus. In a second stage, these indurated nuclei present, on incision, a mass of greyish points, which escape, on pressure, under the form of purulent drops; these bodies become softer in proportion as the purulent infiltration is more abundant—their suppuration always commences in the centre. In the third stage, the pus forms itself into a collection, commencing in the centre of the infiltrated nucleus, but being less and less liquid in proportion as we approach the circumference, where it becomes almost concrete. In the last stage, we find a false membrane bounding the abscess, and separating it from the neighbouring parenchyma; this latter is usually perfectly sound, or merely presents a blackish-red injection for a few lines in extent, a kind of border exactly circumscribing the purulent collection. Sometimes, however, it is congested, or even softened for a greater or less extent. Moreover, the same lung often presents all these degrees of lesion. We then find small ecchymoses, or collections of effused blood, mingled with pus; while, towards the circumference of these diseased spots, we meet with pus only. This pus is usually homogeneous, and well formed; sometimes it resembles that of a sore arising from purulent infection; sometimes we only find a serosity of a nauseous odour, holding in suspension small lumps of a caseous substance; at other times the pus of these abscesses is concrete, grumous, and resembling softened tuberculous matter, which has led to their being, for a long time, confounded with tubercles, properly so called; sometimes, also, the pus is collected into masses more concrete and less friable than tubercles themselves, while in a crude state; these cases are principally met with when the disease has been a long time coming on. The pleura, in this species of pneumonia, is found in different conditions. It is often perfectly sound, being only raised up by the purulent collections; frequently, also, we find a general pleurisy, presenting partial adhesions corresponding to each of the superficial abscesses. The thin, white, soft, and friable processes which we then observe, are very different from those thick and yellowish false membranes which forms one of the anatomical characters of ordinary pleurisy. In some cases, partial inflammation of the pleura presents a state resembling ulceration. In fact, in certain points where the pleura is raised by the superficial abscesses, there is no false membrane formed, this morbid formation merely existing around these points, and, by its dirty grey colour, contributing still more to lead into error. Finally, in some cases we find in the pleura a certain quantity of almost phlegmonous pus, which covers over the serous membrane, forming a flaky sediment of greater or less consistence; at other times this pus is diffluent, and but badly formed, but the effusion is never serous as in ordinary pleurisy. The pus is generally seated only in the pulmonary parenchyma. Still, in some cases, it has been found even in the small divisions of the pulmonary artery. The bronchi surrounding these abscesses sometimes contain a purulent matter which lines their interior like false membranes, and which appears in the expectoration like bits of chewed paper. Lastly, we will mention, as an important anatomical character of these abscesses, their co-existence with similarly disseminated purulent collections in the liver, the spleen, the brain, and even the thyroid gland, the pancreas, kidneys, and muscles; we also often meet with purulent collections in the serous cavities, as the pericardium, the peritoneum, the arachnoid, and the synovial cavities of the joints. This multiplicity of abscesses is a strong indication of this kind of disease.

What is the mechanism which presides over the formation of these metastatic abscesses? Writers are not unanimous on this subject. Some admit them as the result of a deposition natural to purulent matter. In support of this opinion, they instance those small collections of well-formed matter of the size of grains of millet or hemp seed, around which the most minute examination does not discover the least trace of inflammation. Others contend that the pus, mixed with the blood, alters its composition, and on reaching the parenchymatous organs, there induces inflammations which have the greatest tendency to terminate in suppuration. We are inclined to this latter opinion. Most commonly, in fact, we find around the purulent collection, instead of parenchyma in a sound, or slightly inflammatory condition, an inflammation of a greater or less extent. In some cases even we find abscesses in the middle of a lobe entirely hepatized; sometimes these abscesses are circumscribed by a species of pseudo-membranous cyst, which can only be the result of an inflammatory attack. The pus then here acts in a similar manner to the mercurial globules which M. Cruveilhier injected into the veins, and which, on reaching the lungs, there caused the developement, not of tubercles as that author imagined, but of small purulent collections, the nucleus of which was formed by a mercurial globule.

Can abscesses analogous to those which we have just described, be developed in the lung independently of all suppuration or phlebitis seated in some more or less distant part of the lung? In a patient affected with a double pleuro-pneumonia, and who died two hours after his entrance into La Charité, we found a double pleurisy, with effusion on the right, and false membranes only on the left side. These false membranes being removed in their greatest extent, both lungs presented the following characters:—Here and there their surface was covered with yellow spots, some of which were removed by scraping, whilst others appeared situated under the pleura. Upon incision, we perceived that these latter were caused by a more or less considerable deposition of a puriform matter in the sub-serous cellular tissue, and that, under some of these small depositions, the pulmonary tissue was higher coloured than in the natural state. In other places, where it was of a perfectly brown colour, we perceived irregular little swellings on its surface, whilst there were small engorged portions of variable consistence in the substance of the organ. Some of these sunk down immediately on cutting into them, as if they had been merely filled with gas; others contained a fluid matter of the colour of wine-lees, mixed with some broken-up cellular tissue. On making gentle pressure, a sanious matter became discharged from the surrounding parts. The pulmonary parenchyma, when thus emptied, exhibited numerous irregular cavities resembling the cut surface of a large sponge impregnated with blood and pus. These numerous abscesses occupied pretty equally all points of the lung. The bronchi presented no remarkable appearance; we were not able to examine the pulmonary veins, in consequence of the incisions which were made on every side. The other viscera were sound; the veins, arteries, spinal marrow, and articulations were all carefully examined. This form of pneumonia, with numerous cavities generating gas, is closely allied, as we may perceive, to that which sometimes occurs after amputations followed by phlebitis; and still this subject did not suffer from any traumatic lesion, nor were the veins inflamed.

Another form of suppuration in the lung has been pointed out by M. Tessier in his thesis, an instance of which I have never met with. In a case of strangulated hernia, the suppuration gradually extended along the cellular tissue, from the strangulated portion of the intestine into the mediastinum; from this point the pus penetrated into the lung, following the cellular sheath of the pulmonary vessels, until it reached the serous covering of the organ, where it was formed into large collections. Lastly, one of the most remarkable, as well as uncommon forms of suppuration of the lungs, occurred under Dr. W. Stokes, of Dublin. A young man entered the Dublin hospital on the 13th of April, 1832, with the usual symptoms of acute pneumonia, which had existed three days. Dr. S. diagnosticated hepatization of the inferior lobe of

the left lung. The treatment consisted in the employment of local and general blood-lettings, and of full doses of calomel and opium. The blood drawn from the vein presented no inflammatory appearance, and although the symptoms appeared ameliorated, still the stethoscope indicated the same state in the lung. On the thirteenth day of the treatment, a violent exacerbation manifested itself, followed by the presence of a moist crepitation combined with bronchial respiration over the whole of this region, which also presented dulness on percussion; the right lung likewise offered signs of general bronchitis. These symptoms, combined with the circumstance that he had not manifested any ptyalism, led Dr. Stokes to pronounce him in the third stage of pneumonia. About this period a remarkable change took place in the stethoscopic pneumonia. A rhonchus, with large bubbles, was heard on a level with the root of the lung, and the respiratory *bruit* assumed a cavernous character in that region; after repeated examinations, Dr. Stokes told the pupils that he was unable to decide on the nature of this symptom, and that he could not affirm whether an abscess was formed or not. The dulness on percussion existed to the last. On the seventh day, profuse perspirations supervened, being preceded by shivering fits. This state lasted to the twelfth day, when the patient sunk. On the post-mortem examination, the mucous membrane was generally inflamed; the pleura presented recent adhesions, which were more marked on the left side. The superior lobe of the left lung was crepitant, although engorged; but its inferior lobe, viewed externally, represented a sac enclosing a matter, the yellow colour of which was very visible through the pulmonary pleura. On opening this species of sac, the tissue of this lobe was found completely dissected, and separated from its pleural covering by the suppuration of the subserous cellular tissue. The inter-lobular and inter-vesicular cellular tissue was likewise in a state of suppuration, which had formed so complete a dissection of the lobules and vesicles, that the whole of this lobe appeared like a cluster of little tumours. All these lobules, almost perfectly isolated, were surrounded by purulent matter, in which they were suspended by their bronchial pedicle. There was no air in the cavity thus formed between the pleura and the lung, nor could any communication be discovered between it and the bronchi.

Can pulmonary abscesses become healed? If we possessed some certain signs by means of which we could diagnosticate these abscesses, we might affirm that they were healed, when, having recognised them during life, the patient might survive the disease; but, unfortunately this is not the case; and those instances in which such a lesion has been said to have been diagnosticated, do not demonstrate, in a positive manner, the truth of such an assertion. We must, then, have recourse to pathological anatomy, and it scarcely furnishes us with any information on this important question; we find, scattered here and there, a few instances of a cicatrix found in a parenchyma, more or less altered by inflammation; but there is nothing to prove that this might not have resulted from a solitary tubercular cavity existing without other tubercles, and the parietes of which had become drawn together and united after the evacuation or re-absorption of the matter which they had contained. Still the following case appears to me to deserve mention—it also occurred under Dr. Stokes:—A young man of robust constitution was admitted into the hospital for a disease of the chest, which had existed some weeks. The anterior and superior region of the right side was dull on percussion, and in this point, as well as towards the shoulder, there were evident signs of a large cavity. In a short time the patient's strength returned, his appetite and health were restored, and he left the hospital, saying that he felt perfectly well, although the signs of the abscess remained. Some weeks afterwards he returned into the wards; the signs of the abscess remained the same. After some days, amelioration again took place, and the patient was able to return to his trade as a blacksmith. After the lapse of a twelvemonth he again returned with an intense pleuro-pneumonia which had existed for five days, and which he had completely neglected. Since he had last quitted the hospital he had enjoyed perfect health, and had followed his laborious calling, which he had only discontinued when he experienced a pain in the side, accompanied by fever and oppression. At his entrance, he presented all the symptoms of a right pleuro-pneumonia, with hepatization; the whole of the corresponding side, both in front and behind, was perfectly dull on percussion, except in the sub-clavicular region, which was comparatively sonorous. This region had formerly been the seat of the abscess. In the dull parts, the bronchial respiration was heard with a highly crepitating mucous râle; but ths examination of the sub-clavicular region showed, to the great surprise of his attendants, that all the signs of a cavity had disappeared, and were replaced by puerile respiration. The patient died on the third day.—*Necropsy.* The right lung was solidified throughout all the extent indicatedby the stethoscope. From the fourth rib downwards, the pleura was covered over with a layer of coagulable lymph, on removing which, the lung was seen, through the serous membrane, of a yellowish colour. On the superior part, the adhesions were evidently of long standing, and could only be separated from the thorax by considerable force. At the summit, and the superior and anterior surface, a deep rugged depression was perceived. The lung was then cut on a line corresponding to the angle of the ribs, so as to separate it into two portions, which were merely connected together at its root. The cause of the physical signs became then explained. The superior and anterior portion, for an extent of three square inches, was perfectly crepitant, and quite free from engorgement; it was separated from the rest of the organ by the cicatrix of the abscess. The cavity had been obliterated by the adhesion of its parietes, so that it formed a cartilaginous septum half an inch in thickness above, and gradually diminishing lower down, till its breadth became reduced to two lines. The whole length of this septum was about three inches; it commenced at the summit of the lung, being directed from behind forwards and downwards, and terminated at the point where the large bronchus gives a branch to the superior lobe. It consisted, throughout, of two layers united solely by a delicate cellular membrane, which was easily separable. The large trunks of a bronchial tube passed immediately beneath the cicatrix, so as to conduct the air into this portion of the lung, which only differed in any way from sound tissue by a remarkable hypertrophy of the interlobular partitions. The rest of the summit, as well as the middle and inferior lobes, were dense, of a yellowish grey colour, and infiltrated with pus. The most attentive examination could not lead to the discovery of a single tubercle in any organ.

It is extremely probable, adds Dr. Stokes, that this abscess was really the product of a phlegmonous inflammation. The absence of the symptoms of phthisis at the time of the first attack—the formation of the cavity after a disease of a few weeks—the complete re-establishment of the patient, all combined to establish the true nature of the affection; and if there had been no other proof, the absence of the traces of tubercles sufficed to show that the cavity was not tubercular. I do not entirely partake of the opinion of Dr. Stokes; it does not appear to me perfectly proved that the cicatrix did not belong to an isolated tubercular lesion.

Of the anatomical diagnosis of abscesses of the lung.—It is of the greatest importance in abscesses of the lung, not to confound those which are spontaneously developed in this organ, with those depending on some foreign body, which may have accidentally passed into the air passages. (See *Journ. Hebdom.* and *Biblioth. Méd.*) Spontaneous abscesses of the lung should be also distinguished from abscesses *by congestion* of this organ. The rarity of this kind of lesion induces me to mention a case observed at the hospital of La Charité by M. Sebastier, and reported in the *Journ. Hebdom.*—A man, 59 years of age, a chaser, experienced, in the first instance, general pains, which appeared to have a rheumatic character, and which disappeared at the end of six months. Some years afterwards, fixed pains arose in the neck, with an extreme difficulty in the movements of the head, and constant pain in the shoulder and left arm. Mastication became painful, and deglutition difficult; finally, the head was turned to the left side. An almost constant cephalalgia tormented the patient, but there was no paralysis of the limbs. A little before the deviation of his head to the left, an abscess formed on a level with the right superior angle of the sternum, and in a little time reached the size of a large pigeon's egg. Five months after its appearance, it was opened with the bistoury, and for some time a large quantity of pus was discharged. The wound did not heal; from time to time small portions of bone escaped through the opening. The patient was occasionally troubled with a cough, and expectorated a thick purulent matter, very similar to that of phthisis; he could only lay on the left side; he died suddenly, after a change in his usual decubitus. On the opening of the body, there was found a very extensive caries of the axis and atlas, which were luxated, one upon another; the disease had also attacked a part of the third cervical vertebra, and had commenced in the fourth, fifth, and even the sixth, but the alteration was confined to their surface only. "A fistulous passage commenced, on the right side, on a level with the superior border of the fourth cervical vertebra, and, widening in its progress, descended from above downwards, being bounded within by the inner edge of the longus colli muscle—without by the superior and middle portions of the scalenus anticus, and the four last cervical and first dorsal pairs of nerves; in front, by the longus colli and scalenus anticus muscles, and by cellular tissue, especially lower down; and behind, by the right half of the anterior surface of the bodies, and transverse processes of the last cervical and two first dorsal vertebræ. Having laid open this canal, there was discovered within it a quantity of pus; at the upper part this passage formed a very acute angle, and terminated on a level with the union of the second with the third dorsal vertebra in a kind of sac, of about an inch in diameter. In front of this sac, the pleura was found thickened and very adherent; the lung also adhered in a similar manner to this latter for a great extent, and could not be detached from it. This organ, a little beneath its apex, presented on its posterior margin an opening which communicated with the interior of the sac just named. Having incised the lung, we found in this part a considerable cavity capable of admitting a very small hen's egg, and which was half filled with pus. This cavity communicated with several small bronchial tubes which met at that point. The interior of the cavity and of the sac was lined with a mucous membrane, in so advanced a state of organization, that it must have been formed some time back. There was also a large quantity of whitish granulations of a certain consistence found in the lung. The odontoid process had caused a very perceptible depression upon the commencement of the spinal marrow."

We see, in this remarkable case, caries of the upper cervical vertebræ giving rise to a purulent collection, which, after forming a passage along the neck and into the interior of the thorax, opened into the bronchi through the pulmonary parenchyma. The existence of such a condition was not suspected during life—the state of the patient, and the necessity under which he found himself of constantly preserving the same position, prevented the employment of auscultation; an attentive examination of the expectorated sputa, and their chemical analysis, would doubtless have discovered some osseous particles in the same manner as the different elements of the bile are recognised in those cases where abscesses of the liver have formed a passage through the lung.

Abscesses resulting from primitive and spontaneous inflammation of the lung should also be distinguished from those arising from an inflammation which, at first developed in a neighbouring organ, becomes afterwards extended to this viscus. Thus it is that an abscess is sometimes formed on the surface of the pulmonary parenchyma in a case of pleuritic effusion; its outer covering, formed by the pleura, eventually gives way, and the effused fluid opens a passage into the bronchi. Abscesses of the liver sometimes, also, give rise to suppurative inflammation of the lung, through which means they become evacuated through the bronchi, as instanced by the following cases:—Dr. J. Péage relates the case of a lady, 48 years of age, who died after hav-

ing presented symptoms of disease in the liver and the lung, and especially an expectoration of yellow and very fœtid puriform matter, as also pectoriloquy at the base of the right lung. The following lesions were discovered:—The sternum and the cartilages of the ribs being removed, the diaphragm, exceedingly convex, was seen compressing the right lung. A small incision was made on the most prominent point of the convexity of the diaphragm; ten ounces of a greenish, almost inodorous pus, escaped. On enlarging the opening, the pus was found to proceed from an abscess formed in the substance of the liver; this organ adhered firmly to the diaphragm. No point of communication was discovered between this abscess and the lung. Another abscess existed directly under the diaphragm; it contained a very small quantity of matter, and communicated with the inferior lobe of the right lung by several ulcerated openings through the diaphragm. The largest of these openings was half an inch in diameter. The two communicating cavities were of an irregular form, and covered with a false membrane; they were traversed by numerous vessels, which were almost obliterated, but not destroyed by the ulcerative process. The portion of the liver corresponding to the diaphragmatic opening was red and softened. The inferior lobe of the right lung was hepatized and adherent to the diaphragm. In its most dependent part, this organ presented a cavity of an inch in diameter, lined with a hard cartilaginous membrane communicating with the abscess of the liver. Several small bronchi terminated in its interior; by a slight degree of pressure, air was made to pass from the lung into the liver. The bronchial tubes, and the branches of the pulmonary artery in the inferior part of the lung, were inflamed. Several small metastatic abscesses existed in different points of the right lung, under the pulmonary pleura. The right pleural cavity contained about eight ounces of a turbid serum. The peritoneum was generally thickened, and covered with yellow layers of coagulable lymph; its cavity contained ten ounces of a greenish serosity. There existed an abscess of two inches in diameter in the right iliac fossa, in the midst of the cellular tissue exterior to the colon. In the centre of this abscess a black and rusty pin was found. No communication was discovered between this abscess and the intestinal cavity. The other viscera were healthy.

In another case related by Dr. Pepper, crepitation and bronchial respiration were recognised at the inferior part of the right lung, together with resonance of the voice and pectoriloquy. These phenomena appeared after the patient had expectorated about six ounces of a brownish pus, which was inodorous and mixed with blood. At the autopsy a large abscess was found on the right side, between the ribs and the liver, the right lobe of which was partly destroyed; the rest of the liver was separated from the abscess by a cartilaginous membrane, which, in some points, was more than an inch in thickness. Another large abscess existed under this species of partition, and extended to within a quarter of an inch of the vena cava. The rest of the liver was in the state of chronic enlargement. A circular opening of this viscus, of an inch in diameter, perforated the diaphragm near its attachment to the sixth rib, and communicated with a large abscess in the inferior lobe of the right lung. The abscess of the lung was irregular, not lined by a false membrane, and evidently seemed of recent origin, (the patient died fourteen days after the appearance of the symptoms announcing inflammation of the pulmonary parenchyma); several large bronchial tubes terminated in this cavity. The whole of the inferior lobe of the right lung was hepatized, and was adherent to the ribs and the diaphragm. (*Journ. Hebdom.*)

Previous to the anatomical researches of the nineteenth century, abscesses, or *vomicæ* of the lung, were considered very common; it was even believed that pneumonia often terminated by the spontaneous evacuation of these supposed abscesses. But it is now shown that true abscesses of the lung, with tuberculous cavities filled with purulent or tuberculous matter, were, for a long time, confounded with interlobular pleuritic effusions, or other lesions; and we must, in the first place, distinguish from abscesses of the lung, those artificial purulent collections produced by repeated pressure, even of a light character, on the same point of a pulmonary parenchyma infiltrated with pus. Those excavations which are not surrounded with a false membrane, are most frequently owing to rupture of the portions previously infiltrated with pus, a rupture produced by the efforts necessary for tearing the lung out of the cavity which contains it. On examining the exterior of the lung when removed in this manner, we sometimes find a part less resistant than the others, and in which there exists a fluctuation manifest to the sight as well as the touch. If we make an incision on this part, we find a cavity, of one or two inches in diameter, filled with a thick pus, and the parietes of which are formed by the pulmonary parenchyma itself, softened and almost broken up. This cavity occupies one of the points where the fingers have pressed at the time of the removal of the lung, and if we employ a similar degree of pressure upon some other portion of the lung affected in the same degree, we shall there cause a similar collection of matter. These two circumstances leave no doubt as to the origin of the purulent collection. During 17 years that I have assiduously devoted myself to researches on pathological anatomy, I have only, on two occasions, met with collections of pus in the pulmonary parenchyma itself which were not owing to this cause, and I would not assert that they were entirely independent of this origin. Abscesses of the lungs differ from tubercular excavations, inasmuch as these latter ordinarily contain some friable tuberculous portions, and are exactly circumscribed by parietes more or less solid, lined interiorly by a soft and sometimes demi-cartilaginous membrane, and especially by the presence in the substance of these parietes, or close around them, of crude, or already softened tubercles. Still the distinction between these two lesions is sometimes impossible, and must remain doubtful. The purulent collections resulting from the maturation of encephaloid tumours differ from abscesses of the lung, in the nature even of the liquid forming them, and by the vicinity of other encephaloid masses in different degrees of softening.

Dilated bronchi, especially when filled with a puriform mucus, may be again mistaken for abscesses communicating with these canals. But in true abscess communicating with the bronchi, there is a solution of continuity in the bronchus at the point of communication; the mucous membrane presents an elongated opening, and we can discover, upon the parietes of the abscess, the constituent elements of the bronchi; whilst in bronchial dilatations, the parietes of the cavities are uninterruptedly continuous with those of the bronchi, and their internal surface is smooth and shining. Finally, we often discover, in other parts of the lung, simple bronchial dilatations not filled with puriform matter. There is, lastly, another lesion which sometimes simulates, in the highest degree, an abscess of the lung; I mean those purulent collections resulting from partial or interlobular pleurisies. In these cases, to which Bayle was one of the first to direct the attention of pathologists in a special manner, the purulent matter depressing the corresponding sides of the fissure, forms a cavity shut up on all sides by reason of the pseudo-membranous adhesions which join together the edges even of the fissure. This pleuritic effusion offers more resemblance to abscess of the lung, when, as in some cases, it communicates with one or several bronchi, and when the serous membrane lining it is greatly altered by the presence of pus and pseudo-membranous formations of an uneven and irregular appearance. It is then only by a minute dissection that we can trace the serous covering of the outer surface of the lung, where it offers all its natural characters, until it arrives upon the surface of the pleuritic collection. At other times, this purulent collection, instead of being interlobular, corresponds, for instance, to the costal surface of the lung, and is then formed between this organ and the layer of coagulable lymph which covers it; but on carefully cleansing the surface of the lung, we shall find it perfectly sound. This source of error has been clearly pointed out by P. Frank. Lastly, in some cases the lung appears to have been entirely destroyed by suppuration, but we discover, on a careful examination, merely a large purulent effusion, which, being seated in the pleura, has thus compressed the lung and reduced it to a very small size; this error is much more easily committed, as this organ is almost always entirely concealed by an accidental membrane of greater or less thickness.

In summing up the facts which I have laid down we shall see, 1st, that idiopathic abscesses of the lung resulting from a general pneumonia are rare, whilst, on the contrary, they are not uncommon when the inflammation assumes the lobular or disseminated form; 2ndly, that these abscesses present numerous differences as to their size, number, form, the nature of the matter contained in them, the parietes which circumscribe them, and their mode of opening and communication; 3rdly, that metastatic abscesses constitute a most remarkable form of these collections; 4thly, that the lung sometimes presents true abscess by congestion; 5thly and lastly, we must carefully distinguish from abscesses of the lung those different lesions which bear some resemblance to them. I shall, in my next lecture, proceed to the consideration of gangrenous pneumonia, and of some of its concomitant affections.

[Velpeau's fourth lecture on diseases of the breast will appear next week.]

WOUNDS.

By W. T. KAY, Esq., M.E.S.I., &c.

Lacerated Wounds.—In lacerated wounds the soft parts of the body are divided by tearing them forcibly asunder, instead of by cutting; and the surface of the wound very commonly is still further injured by being bruised. The inflammation excited corresponds to the degree of injury that has been inflicted. Thus, when any part of the body is lacerated and bruised, a much higher degree of inflammation is produced in the wounded part than that which results in consequence of a simple incision. The inflammation, under such circumstances, goes beyond the point which is necessary for adhesion or union by the first intention. Such wounds do not unite by adhesion; the inflammation is too considerable. The cure of these injuries takes place by granulation and cicatrization, or by the second intention. It is worthy of particular notice, that lacerated and contused wounds are not in general attended with any serious effusion of blood, even though large blood-vessels may be injured. Mr. S. Cooper, "saw, in the year 1813, a soldier, whose death was occasioned by a sudden effusion of a very large quantity of blood from the internal jugular vein, which vessel had been injured by a musket-ball, that first entered the integuments behind the mastoid process, and passed obliquely downwards and forwards towards the sternum. The blood did not issue externally, but formed, beneath the integuments and the trachea, a large dark-coloured swelling, which produced almost immediate suffocation.* At the memorable siege of Saragossa, Professor Assalini saw a surgeon, whose left carotid artery had been injured by a musket-ball, perish of hæmorrhage in a few seconds.†

In most cases, however, there is at first no hæmorrhage of consequence from lacerated or contused wounds, and it is a circumstance that often leads inexperienced practitioners to commit great mistakes, by inducing them to hold out too favourable a prognosis in proportion as there is little bleeding; so it is to be apprehended that the violence done to the fibres and vessels has been considerable. What is it but the contused and lacerated nature of the wound that prevents hæmorrhage from the umbilical arteries, when animals divide the navel-string with their teeth? In fact, the degree of action excited in the part that has suffered this kind of injury is often so considerable, that it sloughs or perishes. It is to no purpose to bring together very accurately the sides of a wound of this description, because they will not unite if you do. It is well, however, just slightly and gently to approximate them; then to cover the wounded part with a damp cloth, or soft poultice, and afterwards to wait the formation of gra-

* Cooper's Surgical Dictionary, page 1475.
† Assalini's Manuale de Chirurgia, page 38.

nulations and cicatrization. If the wound be of considerable extent, the local inflammation, and consequent febrile disturbance of the system, may very likely require active antiphlogistic treatment.*

A man was brought into the Westminster Hospital some time ago, and came under my care during the period I was dresser. He had been with a party of friends to Putney, and got drunk; in coming home he endeavoured to get up behind a cab, his foot slipped, and his arm was dreadfully lacerated by the spikes at the back of the cab. When admitted, he had a wound about six inches in length at the bend of the arm, presenting the appearance of having been dissected; the brachial artery was distinctly seen pulsating, and the muscles were cleaned as if by a fine knife. The sides of the wound were brought together by strapping, and a light bread-and-water poultice applied; by care and attention to his bowels and the dressing of the wound, he was enabled to leave the hospital n about two months. Another case which occurred soon after, was that of a woman, who, in using a chamber-pot, fell, and lacerated the external parts of generation; this was a very tedious case in consequence of the constant passage of the urine over the wounded surface, and the irritation kept up by the sutures necessary to be inserted in such a case, as the use of strapping was out of the question in such a situation. Whole limbs have frequently been torn from the body, without any hæmorrhage of consequence taking place. In the *Phil. Trans.*, Cheselden recorded a remarkable case, in which a man's arm was suddenly torn from his body.* In this case the hæmorrhage was very slight; and the patient, in two months, completely recovered. Three other cases of severe injury to the extremities, are also named in Mr. Cooper's Surgical Dictionary.

In contused and lacerated wounds, the pain is in an inverse ratio to the cause of the accident; it is generally very severe when the wound is only moderately contused; and, on the other hand, when there has been so violent a degree of contusion as at once to destroy the organization of the part, the patient suffers scarcely any pain at all.

When the bruised fibres have not been injured above a certain degree, the part suppurates; but such portions of the wound as have suffered greater violence inevitably die, and are cast off in the form of sloughs. Granulations are afterwards formed, and the breach of continuity is repaired by the process of cicatrization.

When a still greater degree of violence has been done, and especially when arteries of a certain magnitude have been at the same time injured, mortification is too frequently the consequence. However, if the constitution be good, and the mischief not too extensive, the case may still end well. But in other instances, the event is a just cause of apprehension; for the mischief is then not limited to the wounded parts, which have suffered the greatest degree of contusion, but too frequently extends over such parts as were not at all interested by the wound itself.

The mortification, arising directly from the impaired organization of parts, is not the most alarming circumstance. A still more dangerous kind of mortification is that which originates from the violent inflammation produced by the accident. This consequence demands the utmost attention on the part of the surgeon, who must let no useful means be neglected, with the view of diminishing the inflammation before it has attained too high a degree, and threatening symptoms have commenced. In the first instance, he should not be afraid of letting the wound bleed a little, if it should be disposed to do so. The edges of the wound should then be gently drawn towards each other with a few strips of adhesive or isinglass plaster, so as to lessen the extent of the exposed surface; but sutures are improper. Indeed, the plan of diminishing the exposed surface of a contused wound with strips of adhesive plaster is not invariably right, because their application creates a hurtful degree of irritation. The method is chiefly advisable when there is a large loose flap of skin which can be conveniently brought over the wound; in other cases, it is best to leave the parts free, uncompressed and unconfined by adhesive plaster, because if it were applied, its irritation would do harm, and could not possibly procure any union of the parts. Under the most favourable circumstances, hardly any part of the wound can be expected to unite by the first intention; the whole or the greater part of it will necessarily suppurate, after the detachment of the sloughs. The surface will then granulate, new skin will be formed, and the part heal, just like a common wound. Perhaps, until the sloughs separate, the best application is a soft poultice, or the practice recommended by Mr. Liston, which consists in applying lint, dipped in tepid water, and covered with oiled silk.

I once saw a boy whose thigh and leg were completely stripped of the integuments, and all the muscles exposed, in consequence of being dragged after a hackney coach, his other foot being entangled in the step; the parts were brought together with sutures; the boy being very low, brandy was administered, but notwithstanding all the attention paid to him, mortification ensued, and in four days the whole of the thigh and leg was in a complete state of mortification; he died on the fifth day. A few weeks ago, a man was brought from the Houses of Parliament to the Westminster Hospital, with a lacerated wound of the leg and foot, received while unloading a cart of stones; mortification and death was the result in this case; the man only survived a week.

Many surgeons prefer cold applications in cases of contused, lacerated wounds. "In general," says Professor Assalini, "the treatment of contused wounds, whether they be simple and slight, or complicated and severe, requires the active employment of debilitating means in order to prevent inflammation. Cold water and ice, and general and topical bleeding, are the things usually resorted to with success. Camphoretted spirit and other spirituous applications are improper; and if their pernicious effects are not always very evident, it is only because the contused injuries have been trifling, and in their nature perfectly easy of cure." In these cases, as well as in those of extravasations and glandular swellings, Assalini gives the preference to cold applications. A cannon-ball, at the end of its course, may come into contact with a limb, and fracture the bones, while the integuments have the appearance of being uninjured. Such cases are often attended with dreadful mischief in the soft parts around the bone, which generally sphacelate. This is an accident for which immediate amputation is most indispensable;* but if anything be capable of preventing inflammation and gangrene, it is an active debilitating plan of treatment, assisted with cold applications to the injured parts. In such cases the internal and external use of stimulants is approved of by many surgeons.

Assalini says, the operation of cold retards the course of the blood, which meeting with only damaged vessels, augments the extravasation as it continues to flow, by lessening the temperature of the part. Cold applications likewise diminish the danger of inflammation and sphacelus, at the same time that they have the good effect of rendering the suppuration, which must ensue, less profuse than it would be, were not the extravasation of blood, and violence of the inflammation, lessened by such applications, and a lowering plan of treatment. "Why," says Assalini,† "should not this method, which is so generally adopted to prevent the effects of concussion of the brain after blows on the head, be, for analagous reasons, employed in examples of extravasation and commotion in other parts of the body? Cold applications, however, to contused wounds, are chiefly to be preferred for the first day or two, in order to check the increase of extravasation and inflammation. After this period, it is generally advisable to employ an emollient poultice, or the tepid water dressing, which will be found to afford most relief during those processes by which the sloughs are detached, the surface of the wound cleansed, and the origin of granulations established; when these changes have happened, the remaining sore is to be treated on the same principles as ulcers in general.*

Poisoned Wounds—Dissecting-room Wounds.—If we exclude from consideration the bites of mad dogs and other rabid animals, wounds of this description are not very common in this kingdom. In dissection, pricks or cuts of the fingers, or other parts of the hand, sometimes occur, and some of them are believed to be a species of poisoned wound, frequently causing considerable pain and irritation in the course of the absorbents; swelling and suppuration of the lymphatic glands of the arm or the axilla; phlegmonous erysipelas; and severe fever and constitutional irritation. In many instances, however, surgeons wound their fingers in dissecting bodies, and no particular ill consequences ensue. The healthy and robust are thought to suffer less frequently after such accidents than persons whose constitutions have been weakened by hard study, excesses, pleasure, or previous disease. It is remarked, also, that pricks of the fingers, met with in opening the bodies of persons who have died of contagious diseases, and where a virus, or infectious matter, might be expected to exist in such bodies, do not communicate the infection. Doubtless (observed Richerand†) the activity of certain animal poisons, from which the venereal and several other diseases arise, is extinguished with life. This is a point, however, that does not seem completely established; and that the small-pox can be communicated from a corpse to a person who does not even touch the body, was exemplified in the spring of 1829, in the case of two students at St. Bartholomew's Hospital, one of whom was Mr. S. Cooper's nephew. The disease was caught by merely attending the lecture, in the anatomical theatre, where the body of a black, who had died of confluent small-pox, was produced.‡

It is a question with some writers, are the pricks and cuts received in dissection really poisoned wounds? The considerations in support of many of them being of this nature are the following:—1st. Severe and dangerous constitutional disturbance, resulting from such injuries, is noticed with considerable frequency, after punctures and small wounds received in examining recent bodies, and especially those of females who have died of puerperal fever, or of persons who have been destroyed by peritonitis. 2nd. The diminished risk, where the wound is an open, freely bleeding one: but though the wound bleed freely, the patient is not always safe. Dr. Godman, of the United States, has related the case of a student, who received a wound, about one-third of an inch in length, across the last joint of his middle finger, which bled freely, yet he died on the sixth day after the injury.§ 3rdly. The frequent occurrence of similar effects in nurses who have pricks or abrasions on their hands while they are washing linen contaminated with purulent discharges. One of the nurses in the Westminster Hospital was unable to do her duty for three months, in consequence of a bad finger, which was occasioned by washing out the poultice rags of a patient affected with phlegmonous erysipelas; the tendons sloughed away, and the woman lost the use of her finger. It is true, however, that in certain constitutions, similar consequences sometimes follow slight pricks and other trivial mechanical injuries, where all possibility of the action of infectious matter is out of the question. It is certain, also, that the pricks and cuts, received in dissection, cause bad symptoms only in a small proportion of instances. For instance, last winter I pricked my finger in assisting at the examination of a body, and did not experience any ill effects; another gentleman, who also assisted in the examination of the same body, and who was unfortunate enough to wound himself, was obliged to leave town, and was so ill that his life was despaired of. The constitutional disturbance and danger are likewise generally noticed to be in a ratio to the extent of the diffuse inflammation, or other local mischief.

The ill consequences are known to differ considerably in different examples:—1st. Sometimes a

* Lectures on Surgery, by W. Lawrence, F.R.S., published in the Medical Times, vol. i., page 153.

† A very good account of this case is in Cooper's Surgical Dictionary, p. 1475

* Cooper's Surgical Dictionary, page 642.
† Manuale di Chirurgia, Parte Prima, page 17.

* Cooper's Surgical Dictionary, pages 1306 to 1317.
† Nosographie Chir. t. i., pp. 102, 103, edit. 4.
‡ Cooper's Surgical Dictionary, page 1478.
§ American Journal of Medical Sciences vol. 1.

small pustule arises, which is not very painful, and disappears in a few days. 2nd. Sometimes chronic inflammation of a point under the skin takes place, causing a small hard tumour, lasting for months, but at length subsiding. 3rd. In other instances, the inconveniences commence with erysipelatus inflammation situated around the injury, and creeping about the hand even after the wound has healed. 4th. The complaints may begin with violent inflammation of the wounded part, attended with intense pain, and followed by sloughing of the skin and cellular tissue near the prick. 5th. In other instances, inflammation of the hand, particularly implicating the sheaths of the tendons, comes on, as in the severest forms of whitlow. 6th. Frequently the inflammation is not confined to the part, but runs up the superficial absorbents, and the glands in the axilla swell, and often suppurate, attended with great local and constitutional suffering. 7th. In other cases, the deep absorbents are involved 8th. It is alleged, that, in particular instances, the constitutional disturbance precedes any local symptoms. There is typhoid fever, without any active inflammation about the wound, but merely a vesicle or pustule. The absorbents are not inflamed, but diffuse inflammation of the cellular tissue, or phlegmonous erysipelas in the pectoral or axillary regions ensues, followed by abscesses, and even sloughing of the subcutaneous cellular texture. This last case is suspected by Dr. Benson to depend on a peculiar animal poison, generated at or about the period of death, and losing its specific virulence when putrefaction occurs. All the other instances are supposed by him to arise from the operation of some irritating matter of no specific nature, both producing different effects according to the textures involved, or the state of the health or constitution.* With respect to the kind of constitutional disturbance in severe cases, we find that the patient almost always has an attack of shivering, generally followed by vomiting, intense headache, anxiety, and despondence. In the early stage, the pulse is frequent and full, and the tongue covered with white fur. Afterwards, the patient get into a typhoid state, as the pulse becomes quick and, weak; delirium comes on; dark discharges take place from the bowels; the tongue is brown; and the patient sinks.

(To be continued.)

CLINICAL LECTURES.

By DR. BURNE.

LECTURE II.—LARYNGEAL ASTHMA.

GENTLEMEN,—We intend considering the subject of Laryngeal Asthma to-day.

Edward Cook, age 48, bald, short but strong, a tailor by trade, has been troubled with asthma for the last 13 years; he ascribes it to working in a new-built house, since which period he has had cough and dyspnœa. He has one brother and two sisters, one of whom is asthmatic. His breathing is difficult, voice rough and thick. The dyspnœa comes on about two or three o'clock every morning, when, after a great deal of coughing, he expectorates a tough *blackish* phlegm, except when he has a cold, when it assumes a *yellowish* hue; he gets through the day very well; his bowels are regular, and his appetite good.

The asthma occurs in paroxysms of 14 or 15 days in duration; he can bear the fogs of November, if there is no cold. After taking a meal, feels full and uncomfortable, the action of the heart is then very strong; if he sweats profusely he is sure to get cold, and asthma follows, so that in walking even he is obliged to be very cautious.

Auscultation.—Respiration 24 in a minute, expiration long; laryngeal inspiration long, coarse, and loud; thorax full, high, and rounded; epigastrium full and bulging; the respiratory murmur full and weak; sputa sound, tenacious, consistent, and in masses.

* Dublin Hospital Reports, vol. iv.; and Dublin Journal of Medical Science, No. 29.

Diagnosis.—He had laryngeal asthma and dilatation of the lungs, called by Laennec emphysema. I ordered the

Inf. Diosmæ, ℥iss
ter die.

The laryngeal asthma not so loud. The diosma continued a fortnight, and the breathing became easier. Respiration 17 times in a minute, the inspiration and expiration being long; pulse 100; left the hospital cured after being in about five weeks.

Remarks.—Laryngeal asthma is an affection very much overlooked, but is one of much consequence; it is attended with intense dyspnœa, which depends more upon affection of the larynx than other causes. It is a disease of an hereditary nature—his father's side were all healthy, but his mother's mostly asthmatic, and his sister asthmatic. Asthma is generally said to be hereditary by writers—the peculiarities of the parents descend to the offspring even in phthisis.

The dyspnœa occurring in the morning is easily explained; he goes to sleep, and continues so for several hours; during this time there being a secretion and no exertion being made to throw this off, it must necessarily occur, and coughing ensues; this is repeated until day arrives; during the day he coughs off the phlegm in order to clear the tubes; he states he feels uncomfortable and full after dinner; the lungs become too full of air, and the stomach being too full, resists the action of the diaphragm; this could be remedied by taking a light diet, easy of digestion, and limited as to quantity. The spasm in asthma which causes dyspnœa is a sympathy between the stomach and larynx by the eighth pair of nerves.

When admitted, he laboured under a dyspnœa implicating the laryngeal respiration, which was long, coarse, and loud; and expiration also shows you have difficulty somewhere: on applying the stethoscope no wheeze is perceptible in the thorax.—Laennec says, "on applying the stethoscope you have a tremulous agitation where the sound is heard, but by percussion there is no trembling; that you then determine that the larynx is the part." The trachea also partakes of this; no wheeze when the chest is full, the lungs are distended with air rather preternaturally, and you have a broncho-vesicular respiration; the cells do not dilate and collapse as natural; the lungs are full of air, but it does not make its exit freely.

Pathology.—The pathology of asthma is very obscure, but I believe it to be a laryngeal lesion—it never occurs in a sound larynx and trachea.

There is thickening and increased vascularity of the trachea, &c., rendering the inspiration and expiration very difficult; the expiration is more difficult than the inspiration, as the air cannot pass out so well as in. I have noticed the valuable effects of the diosma in several cases; I was induced to try this from the effects of it on the bladder, and it is one of the most valuable medicines for detaching the mucous and improving the state of the lining membrane. The patient left at his own request, reporting himself well, but as soon as he exerts himself, and gets cold, it will return; the pulse was 100, inspiration long and deep, expiration long, and 17 in a minute. The most singular part of this man's case is, that he is equally liable to attacks of asthma in summer as in winter—in summer he suffers, by exerting himself and getting into a perspiration, and then getting cold; in winter, by inhaling the cold damp air, which irritates the bronchi.

If this man were to migrate to the West Indies or some climate where the temperature is generally the same, the attacks would be fewer and fewer, until at last they would cease.

I believe laryngeal asthma to be much more frequent than is supposed. Laennec, in his first edition, passes over it very slightly, but it is a subject well worth the attention of the general practitioner or physician.

OPERATION FOR THE CURE OF WRY-NECK.

By M. SANI, of Rome.

A YOUNG girl, twelve years of age, was afflicted by wry-neck from the time of her birth; in other respects her health was good. The head was inclined to the right side, and gradually deviated more in that direction. On examination, it was found that the head was not only drawn towards the right shoulder, but was at the same time in some degree rotated towards the left side; the cervical and dorsal portions of the spine were inclined in opposite directions; the neck was bent forward; the left half of the face was shorter and flatter than the other. In consequence of this disposition of the parts, the head was so inclined that it formed, with the vertical line, an angle of about 32 degrees.

The vertebral column deviated somewhat to the right side; its upper cervical portion was slightly convex towards the left. On this account the right scapular region was higher than the left, and the splenious and complexus muscles formed a protuberance under the skin, opposed to the depression of the corresponding muscles on the other side.

The sterno-mastoid of the right side was very prominent, hard, and contracted, and its direction almost vertical from the clavicle to the mastoid process; the muscle of the opposite side was depressed, flattened, and stretched, and the right clavicle somewhat lower than natural.

There was a remarkable difference between the two sides of the face; the right side being shorter, narrower, and more flattened than the other; the right eye, lower than the left.

The motions of the head, in other directions difficult, could scarcely be effected at all on the left side.

No other member of the patient's family had suffered from deformity of this nature. No means of relief had been attempted. M. Sani operated on the patient on the 2nd of July last, in the following manner (in the presence of M. Feliciani and Dr. Mauro):—

The patient sat on a low chair; her head was supported by an assistant. The operator raised a fold of skin in front of the sterno-cleido-mastoid muscle on the right side of the neck. He divided this fold of skin with a convex bistoury, and then cut across the first layer of muscular fibres; at a certain depth he found the muscles so hard, and firmly contracted, that it was not without some effort that it could be divided. It was at length completely cut across. For the purpose of dividing its deepest layers, without injuring subjacent blood-vessels, M. Sani passed a small silver spatula behind the muscle; there was no trouble from hæmorrhage.

As soon as the section of the muscle was effected, the head could be held straight, and turned in every direction, even towards the side opposed to that of the deformity. The edges of the wound were joined by the interrupted suture. The results were altogether favourable; no reaction, no inflammation, or fever. On the third day the sutures were removed. On the tenth day cicatrization had taken place.

On the twenty-ninth day after the operation the young patient was in the most satisfactory condition possible, holding her

neck without any material difficulty in its natural position: the face, however, still presents that obliquity and defect of symmetry which has been alluded to, and there is still a certain tendency to incline the head towards the side affected, the result of long habit. To remedy this she has been provided with a leather cravat, higher on the side where the operation was performed.

In conclusion, the author of the memoir proposes two questions,—Will the features, in time, gain their natural symmetry? This will not be soon effected; but in a young subject, where the organs are not yet completely developed, it may be hoped for. Second,—Will the muscle of the other side regain its activity, so as to balance the future action of that on which the operation was performed? This is answered in the affirmative; but to ensure it the head must be maintained in a vertical position by mechanical means, even from the day of the operation, for the purpose of elongating the fibrous tissue, uniting the divided portions, and giving to the muscle a digastric form.—*Gazette des Hopitaux.*

TO CORRESPONDENTS.

DR. EPPS *is giving Lectures on Physiology at the North London Training School, at* 3*d. per head. We are assured, on good authority, that to one with plenty of waste time on hand, the lectures are not much too dear. Mr. Rogers Harrison, if he bends beneath his co-mates' black looks and give up his secretaryship, will find the lectures of advantage:* 1*st, he will have the required leisure;* 2*nd, they incontestiblg give* some *knowledge;* 3*rd, and do not demand a large expenditure of wit or money.*,

DR. THOMPSON'S *case of Tetanus, and* MR. KAY'S *excellent paper on the same subject, are deferred till next week.*

Dr. G.'s *letter is important, but we have already adverted to the subject.*

Newton; H. P. T.; K. B.; Phineus, (query, fine ass?) Mr. T.; A Lecturer; Bob Sykes, declined; the last *respectfully.*

Dr. W., of Lincoln; Dr. J. P., Moreton; Mr. H., and Dr. F., Glasgow; Mr. P. H., of Newry; Mr. T. G. H.; Abercorn; Messrs. J. H. F., P. B., J. N. P., Dr. B., Manchester, Dr. J. P., Nottingham, Mr. S. Ware, Dr. T., Dungarvon, *safely* received.

"SCRUTINIZER" *has mistaken our character. An attack so false, as we happen to know, and so coarse, ought to be sent to the "Lancet," the "Minor," or the "Paul Pry."*

We have got ready some more Parts for October; a few Numbers remain of November.

Vol. III. and Vol. IV. are now ready, half-bound in cloth, price 7*s.* 6*d., in addition to Vol. I.*

Vol. II. will be ready as early as possible.

THE MEDICAL TIMES.

SATURDAY, DECEMBER 18, 1841.

*Prae*scribimus docti, indoctique —— passim.
HORACE.

WE have dwelt somewhat largely on the mischief arising to the community from the legion of advising prescribing Druggists; we have adverted to the shameless *dishonesty* of their procedure, its fatal injury to their own peculiar branch of science—an important fact admitted by their own authorities—and we have dwelt, with all the power we could command, on the enormous evils which such a fraternity, extending through every town and village in the empire, must inflict on society by the constant practisings of their ignorance against the healths and lives of our poorer fellow-subjects.

How check this?

By an application of public opinion? This is the remedy prescribed by some well-meaning people, deceived by the popular cant about its omnipotence. To judge by such person's notions, public opinion is some mysterious power as mighty as it is unseen, endowed with capability which, like the trunk of the elephant, enables it at the same time to adjust the minutest particle, or unsettle the hugest mass of matter;—a being, in truth, which, like an earthly divinity, pervades the whole system of society, extending its influencing and governing care to all the opinions and actions of enlightened humanity. The theory is pretty enough to be wished true, and well fitted to be the idol of a dreaming poet; but where is its stamina if you let it be jostled by the hard realities of life? Public Opinion—if we have read her aright—is *as* apt—we speak moderately—to study custom as to follow reason; and, in the smaller strifes of society, is certainly never a sure arbiter except on the broadest question of naked right.

"Interdum vulgus rectum videt—est ubi peccat."

In the contention between the profession and the trade, public opinion, it is probable, would be much like the monkey of the Scottish monarch, which, in the hands of courtier 1 would bite courtier 2, and when held by courtier 2, would show its teeth at courtier 1.

Nor would we leave the repression of drug practice to the slow and unsure agency of progressive enlightenment. There would be a long interval, filled, like the valley of Jehosaphat, by the relics of the injured dead; and if the license for ignorant prescribing be an evil, we see no reason why it should not be stopped forthwith. If it be not an evil, legalise it at once; if it be evil, repress it at once. Time can only aggravate the aggregate wrong, while it adds to it the strength of prescription.

Protracted delay would probably change the position of the parties to the question. We have seen, in the course of a few ages, ignorant hawkers, or mendicant pilgrims, rising into physician's barbers, chrysalizing into pure surgeons, a race of druggists verging into general practitioners; and the supposition is not unreasonable that the same upheaving tide which has raised these successive ridges, will, unless checked in its tendencies, continue to throw up others Already we have the majority of Druggists taking their stand practically in the ranks of the Surgeons and the Apothecaries, and already a voice has been heard—a feeble one, we grant—that of the Medical Gazette, advocating the extension to them of all the privileges of fellowship. Wait for the suppression of counter-practices till the advent of enlightenment, and enlightenment will find the Druggists as recognised and established a body as the Apothecaries of to-day.

Education, too, unless of a medical character, has little effect in lessening illicit practice. Some of the most mischievous patent nostrums have their patrons in the highest ranks of the aristocracy, and a St. John and a Turnbull have ever found their most devoted dupes in persons whose position in society must have secured them a much higher scale of education than we can reasonably expect to see in the great bulk of the people.

Our conviction, then, is strong in favour of legal interference, if the laws, as they stand, have any power of suppressing ignorant practice—and in favour of legislative enactment, if the present laws should prove to be inefficient. The duty of a lawgiver, in such cases as these, is to precede the people in enlightenment, to think for them where their interest requires it, and where such thinking infers no irksome abridgement of liberty. The government which unnecessarily leaves its people's lives in peril, plays false to the most sacred of its duties.

ON THE MEDICINAL PROPERTIES OF THE OIL OF THE LIVER OF THE COD.

By HENRY T. CHAPMAN, M.R.C.S.,

Surgeon to the St. George's and St. James's Dispensary, Corresponding Member of the Hamburgh Medical Society, &c.

IN the course of a short tour in the north of Germany, during the autumn of the year 1837, I heard much of the valuable properties of the Oleum Jecoris Aselli, or Cod's Liver Oil, in cases of scrofula. Several physicians of considerable experience, with whom I conversed on the subject, spoke of it as an article of their Materia Medica of established reputation, and referred me for the best account of it to Rieke's Neuern Arzneimittel, then just published.

Within the last two years notices of this remedy, extracted from the foreign journals, have appeared in several of the medical periodicals of this country, but have not excited much attention.

The German journals of four or five years back teemed with cases of scrofula and gout cured, by the exhibition of this oil; and the article in Rieke's work, before alluded to, may be regarded as a summary of the observations on its employment dispersed through many publications.

As its remedial powers have thus obtained considerable celebrity on the Continent, its claims to which I have had some opportunity of testing, a brief sketch of the history of its employment, taken from Rieke's article and other sources, together with the results of my own experience of its efficacy, may perhaps prove interesting to the Pharmaceutical Society.

It is treated of in Rieke's work, under the name of Oleum Jecoris Aselli. *Synonymes*: Oleum Morrhuæ; and, in the vernacular, Stockfisch leber-thran, Gicht-thran, Berger-thran.

The article of commerce is derived from several species of the class *Gadus: Morrhua vulgaris*, the common Cod. *Morrhua callarias*, the Dorse. *Merlangus carbonarius*, the Coalfish, a species of whiting; and *Gadus Lota*, the Ling. The oil of the liver of the Ray, *Raia pastinaca*, has likewise been administered by some practitioners.

There are, according to Rieke, four varieties of the oil in the market, from whatever source

derived, of more or less purity, dependent merely on the degree of refinement produced by deposition of its impurities: they are distinguished by the epithets *album*, *flavum*, *subfuscoflavum*, and *fuscum*. The Oleum Morrhuæ Album, being the most pellucid, is that most frequently prescribed; but, it is said, that the darker varieties are more active in their effects. The coarser, most impure specimens of the oil, are much used in the leather manufactories of Holland and the north of Germany. It is supposed to possess the power of dissolving and removing the gelatinous matter of the hide; as a popular remedy it has long enjoyed a high reputation in those countries.

It was first professionally recommended, says Rieke, in England, by Percival; in Germany, by Schenk. According to these writers, it has no perceptible effect on any of the secretions. It seems to stimulate the activity of the function of nutrition, and, when persevered in sufficiently long, exercises a marked influence in overcoming the scrofulous, rheumatic, and gouty diatheses. Even when no perceptible improvement follows its exhibition, it is not to be hastily abandoned; in some of the cases reported as successful, it was persisted in for many months. Kopp suspected the presence of iodine in the oil, and thought that its useful properties were derived from this source. Experiment verified this suspicion; and the fact has since been confirmed by Professor Gmelin, who regards it as a test of the genuineness of the article, pronouncing those specimens which do not contain it spurious. The proportion of iodine detected by Gmelin was, however, very minute.

Brefeld, who published a monograph on the subject in 1835, speaks of it as almost a specific in rheumatism. "The more chronic the cases—the more complicated with scrofulous diathesis, the more decided (says Brefeld) were its effects." In young, healthy, undebilitated constitutions it failed altogether. Many other German writers corroborate Brefeld's statements, and some, contrary to his experience, report that it proved, in their hands, equally beneficial in gout. In scrofula and rickets, Brefeld asserts, no other remedy can be compared with it. In scrofulous affections of the joints, and in cases attended by atrophy, he found it most valuable.

Numerous observations by others go far to confirm the reports by Kopp and Brefeld of its utility in these diseases. It has also been tried, but with no very satisfactory result, in incipient phthisis, chronic maladies of the skin, schirrus of the breast, and other intractable maladies.

The dose of the oil recommended for the adult is from one to three tablespoonsful three times a day; for children, the same number of teaspoonsful. In order to cover its disagreeable flavour it is mingled with coffee, lemon juice, or wine, or given in the form of an emulsion. It has, further, been employed as an external application, occasionally alone, more commonly in combination, in the form of a liniment.

The Dublin Journal, of July, 1840, contains a paper by Mr. Donovan, on the mode of preparing this fish oil, so as to render it more palatable. He shows that its disgusting taste and odour are not essential to it, but the consequence of want of care in the ordinary process employed, and insists upon the importance of avoiding in its preparation both putrefaction and charring. He procured the livers of fresh cod, and submitted them to a heat of 192°. When expressed and filtered, the oil thus obtained is entirely free from rancidity—its smell is like that of fresh boiled cod—its taste bland and not disagreeable.

Mr. Donovan imputes its therapeutic action to a power it seems to possess of rendering the food more easily assimilable, and bringing it into a state best adapted to nutrition in those individuals whose condition of health is improved by it. He speaks of it as beneficial in scrofulous affections of the bones, marasmus, and chronic arthritis of a scrofulous or rheumatic character; but it is not clear that this conclusion is drawn from his own experience of its properties.

I have now employed Cod's Liver Oil in the treatment of scrofulous and other maladies for nearly two years, and beg to subjoin the result of my observations on its remedial powers.

The samples of the oil which I first administered were obtained for me by Mr. Wagstaff, of 122, Piccadilly, from Copenhagen and Rotterdam; and although resembling train-oil in smell, were so very slightly rancid, that no particular objection to the taste was made even by children. I have latterly employed oil procured from the fresh livers of the fish, submitted, in a water-bath, to the degree of heat recommended by Mr. Donovan. We are thus, at any rate, sure of possessing the genuine article; and, if prepared at a season when the fish are plentiful, it will not be an expensive medicine.

I have given it in the form of an emulsion, combining it with the cordial waters by means of liquor potassæ; when yolk of egg is used, the mixture soon spoils.

The cases in which I have tried its effects, are rheumatism, rickets, scrofulous abscesses, and caries of the bones, disease of joints, particularly of the hip, strumous ophthalmia, obstinate cutaneous affections, and marasmus arising from various causes.

Wherever great emaciation existed the beneficial effects of the oil were manifested most speedily and most decisively, in the improvement of the appetite, aspect of the countenance, strength and spirits; increase of bulk soon followed, and a marked amelioration of the general health became evident after it had been persevered in for a few weeks. Take the following cases as examples:—

Strumous Disease of the Hip.—Early in March, 1840, I was requested by Mr. Browne, of Camden Town, to see a patient labouring under disease of the hip-joint.

Miss. B., ætat. 12, of strumous habit and delicate from infancy, had been suffering, for five weeks, from a painful affection of the hip, the paroxysms of which were occasionally most severe. At the commencement of the attack it was supposed to be merely neuralgic; when I first saw her, the thigh was flexed upon the pelvis, without the power of straightening it, the slightest attempt to do so bringing on violent spasm of the muscles round the joint. There was much fulness in the groin, and extreme tenderness, on pressure, both in front of the joint and behind the trochanter; the limb was not perceptibly lengthened, but there could be no doubt of the existence of active inflammation at this period. She had lost all appetite for the last month, and the stomach rejected all solid food. Her nights were sleepless, the frame excessively emaciated; in short, irritative fever was wearing her to a skeleton.

These symptoms were considerably abated by the maintenance of absolute rest, the application of leeches and fomentations locally; recourse to alteratives and opiates internally. Still the stomach rejected food, and the emaciation increased. Having witnessed the good effects of the Ol. Morrhuæ in restoring the weakened powers of the nutritive function in other cases, I prescribed a tablespoonful three times a day, scarcely with the hope that it would have any very decided effect in a case of such severity. From the first the stomach retained it, and rapidly recovered its powers to retain and digest food. The irritability of the nervous system had been previously much tranquillized; and after the first fortnight of the use of the oil, a very distinct improvement in plumpness, strength, and spirits manifested itself. Having continued to take it for some weeks longer, with increasing advantage, particularly as far as the improvement in flesh and looks were concerned, it was suspended, contrary to my injunctions, and the patient again lost ground. It was resumed with the same success as at first, and its good effects were kept up as long as it was thought necessary to continue the medicine.

Scrofulous Disease of the Joints and Bones of the Foot.—A case of very extensive scrofulous disease of the tarsal bones and articulations, accompanied by abscesses in the neck, and great marasmus, will show its therapeutic operation still more decisively.

Miss. E., ætat. 12, had been repeatedly under my care, during the last four or five years, with a succession of strumous abscesses of the cervical glands and in other parts. The preparations of iron, quinine, attention to diet, and change of air, had constituted the treatment previous to the foot becoming affected, which occurred in the autumn of 1839.

When first requested to see it, I found the foot exceedingly swollen and painful, and five or six fistulous openings, two of which led to the bone, from which a continual flow of thin ichorous discharge took place. At one point the bone was bare and roughened, evidently carious. The patient was excessively thin and weak, and appeared to be sinking under the irritation kept up by the disease, and the debilitating effects of the continual discharge from the foot and neck. Steel and quinine had lost their power to support her; and I determined on trying what the oil would do. Within a fortnight after she commenced it, her general health was manifestly improving; the appetite, which had failed entirely, was fast returning, and in the course of a month or six weeks she had gained considerably in flesh, and her strength was much recruited. It was persevered in for more than five months, with the most advantageous results, both generally and locally. Notwithstanding that she grew rapidly during this period—a plump and healthy appearance, far greater than she had shown for some years, were maintained without a check; the discharge from the foot gradually diminished in quantity, several minute portions of bone came away, the swelling subsided, and a lacing bandage being applied and worn constantly, the shape of the foot was restored, and scarcely any lameness was perceptible in walking. The abscesses in other parts were entirely healed at the end of three months; and, although mischief in the neighbourhood of the cicatrices on the foot has occasionally been apprehended, whenever she became at all reduced in health, a return to the oil speedily removed the threatened evil, by reinforcing her general powers. I have witnessed this alternate relapse and amendment, in correspondence with the suspension or resumption of the oil, in many other cases.

I may sum up the results of my experience of the therapeutic value of this remedy in a few words. It does not appear to me to possess any of the *specific* effects in rheumatism, scrofula, &c., ascribed to it by the German authorities, whose writings I have quoted. Whether its properties depend upon the minute portion of iodine contained in it, or on some other unexplained principle, it certainly does appear capable of renovating the exhausted powers of the nutrient function, or of rousing them from torpor to activity in a remarkable degree. The fattening affects, which, I have so often seen, ensue when Cod's Liver Oil has been administered to skinny tympanitic children, apparently in the last stage of tabes, would almost tempt one to attribute extraordinary nutritious virtues to the oil itself; the first evidence of its

beneficial action, however, a return of appetite, proves that it is rather by giving a stimulus to the sluggish digestive powers, that its influence is exerted.

If this be established, it will prove a valuable auxiliary to the tonic plan of treatment in all cases where much emaciation is present.—*Pharmaceutical Transactions.*

NEW RESEARCHES ON A CASE OF MAGNETIC VISION.

By DR. PEISSE, of Paris.

My readers may not perhaps have forgotten, although two months have since elapsed, the account of some experiments made by Dr. Dechambre and myself, with a view of proving the existence of one of the most curious phenomena attributed to magnetic somnambulism, namely, the power of seeing through opaque bodies. The subject of the observation was the girl Prudence, who in the provinces, and even in Paris, had acquired a great reputation for somnambulic vision. This young girl had been examined in the presence of Dr. Frappart, by a great number of physicians, and a select public audience; the apparent rigour of the examination had convinced a great number of observers, and even those who were not perfectly satisfied declared themselves incapable of clearly explaining the motives of their doubt, and of forming a direct objection. We ourselves were of this latter number. The accessory and concomitant circumstances of this case were in the highest degree mistrusted by us; but the fact itself considered alone was inexplicable in this sense, that by not admitting the intervention of the somnambulic faculty, we had not, among the elements of proof possessed by us, any means of naturally explaining its mode of production. Although we had not theoretically, or *a priori*, any reason for denying the possibility of the phenomenon, as we have often declared, still we were by no means disposed to acknowledge its existence before employing every means of proof required by a severe and independent investigation. We were convinced that the simple observation of the fact was far from sufficient for establishing a legitimate conviction, and resolved, conjointly with M. Dechambre, to perform direct experiments. These experiments consisted in placing ourselves in the same conditions as the somnambulist, and observing the result. Having covered our eyes with the apparatus used by the girl Prudence, with the same precautions and in an exactly similar state, we perceived, 1st, that under this covering the eyes could be opened and turned in every direction; 2ndly, that the light could penetrate beneath this apparatus by fissures or openings in every part, above, below, and on each side, so as to permit the vision of objects placed at a natural distance. We therefore concluded that the girl Prudence had no need of a supernatural faculty to see, through the mask, the objects presented to her. From these experiments, repeated frequently upon ourselves and upon others, we have proved that, in each instance of this vision, the spectators could not, from without, perceive, nor frequently even suspect, the point from whence it was effected; this is an important circumstance, from its proving, among other things, the worthlessness of the conclusions, as to the exclusion of the light, drawn from the apparent integrity of this apparatus when examined from without—conclusions which hitherto have been the only facts advanced in favour of the honesty of the experiment. We also remember with satisfaction, that Dr. Frappart (a witness above suspicion) having repeated our experiments, was convinced of the truth of our assertions, as to the possibility of seeing through the apparatus used by Prudence, and has publicly acknowledged it. The next case to which we shall refer is in reality exactly similar to the preceding. It refers to a phenomenon of a pretended magnetic vision, which turns out to be one of natural sight. The subject of this observation was a young man, 20 years of age, named Calyxte, also celebrated in the history of magnetism, and as it appears to us, one of the most famous somnambulists who has hitherto been presented to public admiration. Whoever has paid any attention to animal magnetism, has surely heard of Calyxte. His magnetizer, M. Record, has traversed the whole of France with him, and during the last year, to our knowledge, has given, on a fixed day each week, at Paris, proofs of his extraordinary power of vision, at public meetings, or magnetic representations.—Attracted by the celebrity of this somnambulist, and being anxious to verify with him what we had before done with Prudence, M. Dechambre and myself resolved to observe this man, with all possible care, intending to publish, for the interest of science, the result of our examination, whatever that might be. We give the history of these researches, and their result. The phenomenon to be proved was vision, or the perception of objects, in spite of the complete closure of the eyes, by means of some opaque body. Calyxte, 20 years of age, of a strong constitution, being introduced, was seated in an elbow-chair, placed upon a kind of platform. The chair was put with its back to the wall, and perfectly isolated on every side. The spectators were placed on seats all around the hall. The subject of the observation being placed in the chair, a magnetizer seated in front of him, commenced the customary motions of the hand. In one or two minutes the magnetized man showed evident signs of anxiety; made small convulsive movements of the body and limbs, turned about his head with an air of inquietude, bended and unbended his arms, &c. These symptoms belong, they said, to the state of magnetization immediately preceding sleep. In addition to these general movements, common to all somnambulists, Calyxte presents, in an especial manner, remarkable contractions of all the muscles of the face. He carefully raises and lowers the skin of the forehead and eyebrows, rapidly opens and shuts the eyes, which he rolls in a frightful manner; the cheeks, the lips, the alæ of the nose, enter simultaneously into action. The convulsive motions of the face occur more or less frequently during the first moments of magnetization. At the end of two, three, four, or five minutes, he closes the eyelids, which remain motionless, his head leans lightly on his chest, his arms are extended over his knees, his respiration becomes regular, and the magnetizer declares him asleep. When asked if he can see, the somnambulist answers affirmatively, and his eyes are immediately covered over. The apparatus used by Calyxte is exceedingly simple; it is a common handkerchief containing carded cotton. The eyes being kept closed, are first covered with a quantity of cotton, which fills the orbital cavity, passing a little beyond the arch of the eyebrows above, and extending below four or five lines beneath the inferior border of the orbit; the nose separates the two folds of cotton, which join only at its root and between the eyebrows. The cotton being maintained in its position by one person, another takes the handkerchief folded as a cravat, applies it upon the folds of cotton, crosses the ends behind the head, and then brings them back in front, fixing them by a knot placed most frequently a little beneath, and sometimes on a level with the root of the nose; the handkerchief thus folded, forms a bandage of about three inches and a half in thickness. Examined in its place, it extends nearly halfway up the forehead, and down to the middle of the nose. Whilst this apparatus is being applied, the somnambulist exhibits evident signs of impatience; he moves his arms, and stirs about in his chair; he stoops forward, bends his head as if to seek the bandage which is being made ready to be applied to him, and presses strongly upwards as soon as his forehead comes in contact with it. This attitude, which he constantly assumes, sometimes renders the application of the handkerchief very difficult, so that it is necessary to place it, as it were, at random. As soon as the bandage is applied and the ends brought in front, he raises himself up quickly, keeping his head in the vertical position, whilst they are making the knot, always moving himself about, and using gestures and expressions of impatience; then, lastly, when the knot is made, he throws himself quickly backwards as if to repose from the fatigue which he has experienced. In this movement, which is invariable, he strikes the hind part of his head against the back of the chair, which is elevated, and presents at the top a projection towards the front. After resting in this position for an instant, he slowly lifts himself up, with his limbs extended, taking as a support the arms of the chair, and thus regains the vertical position. In this motion of rising, the constant repetition of which attracted our notice, we have remarked that the occiput of the somnambulist was not removed from the stuffed back of the chair, without more or less strongly rubbing or scraping the surface. Once, when we examined him, he declared that he saw; he demanded, in an impatient tone of authority, and even of defiance, that we should bring him cards and books; and, in fact, he immediately recognised the objects which we presented to him, whether letters or images. He was rarely deceived. During the whole duration of the experiment, Calyxte remains in general immoveable in the position which he took at the commencement. His head, slightly inclined backwards, is fixed so that the objects to be seen are placed in a circumscribed space, determined and invariable, for instance, on the left or right side of the table which is before him; but if these objects are either successively or simultaneously separated one from another by a greater space, he can only perceive them by changing, more or less sensibly, the position of his head. By constantly and very closely examining him, (and it is only thus that we can discover anything,) we can perceive the muscles of the forehead and face repeating the violent contortions previously described. During these contortions the bandage is alternately moved up and down, which can with difficulty be discerned at the distance of four or five feet in a badly-lighted hall. Sometimes these movements are comparatively unfrequent, or, at least, we could only recognise the most exaggerated, those of a less intensity being easily able to escape the eye. In addition to these partial movements, there were also particular positions or attitudes evinced. Thus, when, before the commencement, or during the progress of the experiment, we desired to ascertain whether the bandage and cotton were well in their place, the somnambulist threw himself entirely backwards upon an arm of the chair; his body assumed almost a horizontal position, and his head rested laterally upon the edge of the back part of the seat. This position was intended to show completely, and at one view, the whole outline of the face to the observers. However, it seemed to us, that in this position, always quickly assumed, the contact of the bandage upon the edge of the seat was not purely accidental. In the same manner, in another attitude, the somnambulist places his elbow on his knee, and rests one side of his head on his open hand as if for repose. This pressure of the hand upon the bandage appeared to us quite as suspicious as his other movements. The objects to be seen are placed upon a table in front of him. If these objects or figures are large and well known, as common playing-cards, Calyxte names them successively, without removing them, or without moving himself. When they are smaller, or rather uncommon, such as small writing in particular characters, he is obliged to bring the paper near his eye, by taking it in his hands, or approach his eye to the paper. This circumstance is so invariable, that the magnetizer invites the public to write in very large letters, on account, he says, of the reading of small writing causing the somnambulist much fatigue. Sometimes he can distinguish cards at the distance of three or four paces. In this experiment, the cards are laid upon a table placed upon the ground, the somnambulist being upon a more elevated platform. We have also noticed, that in this experiment he does not remain sitting, but places himself partly, or entirely upright. Finally, he will point out certain objects or individuals in the hall, provided we do not require him to prove his power of vision solely at great distances.

[To be continued.]

At a General Court of Governors of St. Bartholomew's Hospital, Dr. G. Burrowes was unanimously elected in the place of Dr. Latham, resigned.

A NEW ANTIDOTE TO CORROSIVE SUBLIMATE.

On the Insufficiency of albumen as an Antidote to Corrosive Sublimate: with some Remarks on the Properties of a Remedy lately proposed. By John T. Barry.

Several years ago, in reflecting upon Orfila's statement that *bichloride* of mercury (corrosive sublimate) is immediately converted into the *chloride* (calomel) by precipitation with albumen, I thought that if this change were really effected, it admitted of demonstration by one of the most simple experiments that could be devised in illustration of a chemical result. For instance, the albuminous precipitate, when mixed with aqueous solution of ammonia, should give, if Orfila's statement were true, a *black* insoluble residuum—the protoxyde of mercury. Or, when added to dilute acetic acid, it should leave a *white* insoluble residuum — calomel. Accordingly, both these experiments were tried:—The first-mentioned reagent, (ammonia,) without in the smallest degree blackening the albuminous compound, *redissolved it* in a moment.—The second reagent, (acetic acid,) instead of leaving a white residuum, in like manner *redissolved it* perfectly. Here was conclusive evidence that not a particle of calomel had then been formed. And thinking it due to those more immediately concerned in the advancement of medical science that such an error should be rectified, an error originating with so well-known an authority as Orfila, I was about to communicate this result; when I found that a countryman of his own (Lassaigne) had discovered and corrected it in France. That correction had also reached us, and appeared in the London and Edinburgh Philosophical Magazine. The fact that no calomel is generated, is therefore not now to be regarded as possessing any novelty.

* * * * *

Superfluous as it may seem to speculate upon the possible circumstances which led Orfila into so serious an error, it will nevertheless be well to remind the inexperienced in research, of an observation by Berzelius. He found albumen, like some other kinds of organic matter, to form a comparatively insoluble compound with certain mineral acids. Hence it is that free muriatic acid, dropped into a solution of albumen, produces a white precipitate, even where no corrosive sublimate exists. I shall presently also advert to the circumstance that corrosive sublimate may exist, though undetected, in a mixture of albumen; and if in that state of things, a person less careful than Orfila were to add muriatic acid, he might go still farther and erroneously infer the formation of calomel. Whatever may have been the origin of Orfila's mistake, it is only another example of the necessity of avoiding confusion in experimental investigations, as even more dangerous than hasty conclusions from the perusal of books.

In detailing the two results with the albuminous compound of mercury, I avoided incidental remarks, my object being to exhibit with perspicuity the proof that it contains no calomel. But can we fail to perceive that those results involve another question worthy the attention of the practitioner in medicine as well as the jurist.—Each of the reagents was in a dilute state; and yet *redissolved the mercurial compound*—one being ammonia, the other, acetic acid. If both of these fluids are sometimes resorted to, as they are, in cases of poisoning—or if, as has been surmised, they are occasionally evolved in the stomach—does it not raise a doubt whether reliance should continue to be placed *on albumen as an antidote?* Is not that doubt increased by the circumstance—that even albumen itself, in excess, *will redissolve* the mercurial compound—a fact, by-the-by, which should have led people to suspect that no calomel exists in the compound? The *corrosive* property of sublimate may indeed to some extent be counteracted by albumen, for a *new* but *perchlorized compound* of the metal is formed, which, as we have seen, is (while cold) not decomposed* by the addition of ammonia; nor even of potash; but while that compound is soluble, its *poisonous* tendency should not be imagined to have been destroyed.

I cannot close these remarks without alluding, however concisely, to one other fact having likewise a practical bearing:—It is known that certain ammoniacal salts, if present in sufficient quantity, *entirely prevent the precipitation of corrosive sublimate by albumen.* Muriate of ammonia is one of these, a salt existing in the animal fluids;—Muriate of soda, another salt found universally in animal fluids, has the same effect, though in a less degree.—I might add many others; but already enough has been said to show *the inadequacy of albumen as a test for corrosive sublimate.* As regards the detection of mercury, the dismissal of albumen from our list of reagents is not to be regretted, while we possess the means of reproducing that base *in its metallic state*—a condition that ought, as in the case of arsenic, to be insisted on at all times by our public tribunals.

Unwilling longer to occupy the time of the Society with what admitted of being said in few words, I had concluded with the foregoing paragraph; when unexpectedly a paper fell under my notice, which (though not quite correct in one or two points of minor importance,) will be found, if I am not mistaken, to contain a suggestion of great value. It was written by Dr. Buckler, of Baltimore, and inserted, in 1840, in *The American Journal of Pharmacy*, a well-conducted periodical of the associated Chemists of the United States, from a work I have not yet seen—*The Maryland Medical and Surgical Journal.* I will briefly state the leading features of the paper in question. It should be premised, that the author seems prepossessed with Orfila's opinion (erroneous as above shown) regarding the nature of the chemical change immediately effected upon corrosive sublimate by albumen. Having mentioned that it "is now the established antidote," he says, "Albumen *acts* by causing the disengagement of *one portion* of chlorine, thus converting the *bichloride* into *calomel!*" Testimony, therefore, from such a quarter is to me of greater value, because he is "a witness upon the other side." But notwithstanding albumen had, to use Dr. B.'s own terms, "promised to be perfect when first announced," he is now of opinion that its reputation as an antidote is not sustainable:—First, because an excess of albumen, as stated by Christison, has the effect of *redissolving* the mercurial precipitate;—secondly, because calomel (as he supposes) being generated, the patient, if not poisoned by this calomel, is subject to the evil, and sometimes fatal, effects of salivation;—thirdly, because in a case of melancholy interest which he witnessed, albumen *failed to be effectual* in saving life—although it was largely administered within ten minutes after the poison, and repeated at intervals for some hours. He also cites another case of *failure* which happened in the place where he resides.† These considerations led Dr. Buckler to attempt *the reduction of the mercury to the metallic state within the stomach*, in which it would appear that he has succeeded, at least in the case of the brute animals he tried, where the poison was rendered thereby inert. The *principle* of Dr. Buckler's process shall be given in his own words, because, without resorting to any experiments upon living animals, (of which, where torture is involved, I have an insurmountable abhorrence,) I am satisfied of the soundness of that principle. It is another question whether he has devised a sufficient *mode* of applying it, and that question will be presently considered:—"The agents," he says, "by which we propose to render the bichloride innocuous, are *iron*-filings and *gold*-dust; it will be at once seen that their mode of action is referable solely to the phenomena of galvanism." * * * * "The metallic mercury is *at once revived*, and will be seen to precipitate in a state of *amalgam with the gold.*" We shall better appreciate the merit of this proposal of Dr. Buckler, by recollecting that the iron *per se*, would, at least in the first instance, bring the sublimate into the state of calomel, and that too but slowly. On the other hand, the effect of gold *in contact* with iron is not alone to hasten decomposition, but to make it complete, by evolving *metallic* mercury in combination as a harmless amalgam. This result, however, belongs solely to the thin stratum of fluid immediately enveloping the two contiguous particles of iron and gold. It is therefore essential that these metals should be in a state of division so exceedingly minute as to remain a short time *in suspension throughout the whole fluid of the stomach.* Every drop of that fluid must be made to contain a multitude of these particles, and yet the entire weight administered be very small. Is this object to be attained?

From experiments not yet completed, I entertain no doubt that this question may be answered in the affirmative; not as regards division of *the gold*—because that is known to be perfectly easy; but as regards *the iron*, which I have found it to be a difficult task to sufficiently disintegrate. Dr. B. recommends "working a piece of *steel* with the finest file" till there is obtained, in adequate quantity, an "almost impalpable powder." I should be wanting in candour towards the author, were I to commend his process, as much as I feel at liberty to commend his principle. *Filing*, in this case, is almost useless, because the minutest particles are dispersed, and the remainder are found too large for suspension, even for the few moments necessary. I am enabled to state this from having, not only employed a very careful person, but watched his progress. There is another inconvenience which, however, could be overcome—the particles of steel so procured are sure partly to float (as if they were greasy), and to resist admixture with water. It was probably in order to obviate both these objections that the author proposed employing a small portion of mucilage. But mucilage would operate to *stagnate* the fluid, which ought on the contrary to be attenuated for intermolecular motion.

There is another desideratum which Dr. B.'s process has not secured. He proposes to complete the galvanic circuit by the (accidental) *juxta-position* of the respective particles of iron and gold. The necessity for exciting galvanic action is manifest, from the consideration that *isolated* portions of iron acting, will, *pro tanto*, retard the desired species of decomposition, by generating calomel, which cannot be reduced to the metallic state so rapidly as sublimate.

* The proof that the albuminous precipitate is only dissolved, and not decomposed, consists in this;—the ammonia (cold) does not throw down the white ammonio-chloride (hydrargyri ammonio-chloridum). Nor will potash (cold) precipitate the yellow oxyde (hydrargyri hynoxidium.)

† In this latter instance a gentleman staying at an hotel, had swallowed some fluid brought to him by mistake. "The mistake originated in the heedlessness of a servant, who after using the corrosive solution for the purpose of cleansing bedsteads, had carried the bottle in which it was contained to the bar, and placed it on the shelf where the cider was kept."

The desideratum, then, to which I refer, is the production of the particles of iron, each in a state *partly gilt*. This remains to be accomplished, and I am directing my attention to it. In the mean time, and early enough for the Society's next meeting, I hope to send a specimen of the divided iron and gold, *mechanically mixed* after Dr. Buckler's method, and diffused in a little lime-water, to prevent the iron rusting. For the purpose of ascertaining whether they will effectually *reduce* the corrosive sublimate, ten grains only of that poison may *(for this experiment*)* be dissolved in a quarter of a pint of water, blood-warm. About six drops† of diluted sulphuric acid (acid. sulph. *dilut.* P. L.) being next added to the iron-and-gold mixture, it is to be poured into the poison. The two fluids thus mingled, are (for the experiment) to be instantly poured upon a filter, not too coarse. If the first drops which pass within the space of a minute from the time of admixture be found *deprived of the mercury by its reduction to the metallic state*, there can be but one inference drawn, and that confirming Dr. Buckler's discovery. I had almost forgotton to mention that the proportion which Dr. Buckler proposes to give, is 40 grains of the finely divided iron, with the same quantity of gold. he suggests that they should be kept ready mixed (and I should say in lime-water), so as to be administered (after slight acidulation) at a moment's notice. I would just add, that the iron, when diffused in water, ought to *remain in suspension for at least one or two minutes, even to the top of the fluid*, while the phial is standing still. This is the proof of its being sufficiently disintegrated.

CORRESPONDENCE.

TO THE MEDICAL STUDENTS OF LONDON.—NO. I

FELLOW-STUDENTS,—Let me, without a moment's preface, bring before you a few remarks upon our condition; for you require only to be reminded of what is due to yourselves—of the estimation in which your important position entitles you to be held by the legislature, the public, and your professional superiors—to rouse you to the exertions necessary to secure your occupying higher and better ground.

What are the grand objects of our education and our hopes? We look forward to a life of usefulness, and an honourable place in the opinions of society; we wish to see ourselves treated with the respect which our attainments merit, and to signalize ourselves in scientific research, the practical application of whose results ought to make us of so much benefit to our fellow-creatures. And how are we assisted in these objects? High fees are exacted from us—an injudicious course of study prescribed, too often of deleterious tendencies on our health—and no utility in the exercise of our subsequent duties: difficulties imposed upon us by illiberal chartered corporations have to be surmounted, and still we are liable to have our just reward seized upon by licensed medical impostors; we have no legislative enactments sufficient for our protection; we are confined in our sphere of usefulness by the interested requirements of the governing medical bodies.

But these are prospective disadvantages. On a nearer survey, we find the most arbitrary laws imposed to regulate our education. Compelled, at a great expense; to seek at one of our metropolitan schools an instruction which many of our nearer friends would be able to afford, we must be content to mispend years before a diploma will be granted us—to *mispend*, I say, because three years are not marked out for us, so that our time may be most profitably employed; but we have crowded into the lectures topics of no practical tendency, and which may be pursued, if pleasure dictate, when our useful studies are completed.

At the hospital, practical instruction is equally disregarded; while such a distance is maintained (with a few honourable exceptions) between the teacher and his pupils, that few students seek to interest themselves in that branch of study which the former will not condescend to explain. Have all our hospitals case-books to which you may have reference? Is our time considered by the medical officers? Or do they deem it unimportant that we should waste an hour in the waiting-room before they send word they will not attend? Are their remarks at the bedside frequent enough—important enough? You can answer these questions according to your own experience; and will admit that hospital practice, from which we should draw the most largely for professional observation, for the acquirement of skill and tact in discriminating diseases, and for their treatment, is now the smallest of all our sources of instruction.—I have the honour to remain, gentlemen, your obedient servant, G.

London, Dec. 14, 1841.

To the Editor of the 'Medical Times.'

SIR,—I have often regretted, while prescribing for the poor patients at the London Dispensary afflicted with asthma, and other diseases of the lungs, that they have been unable to furnish themselves with one of Mr. Jeffrey's respirators, which would materially assist in relieving their sufferings, although the price of some of them has been reduced, as I am informed, to seven shillings, in order to allow of their being purchased by individuals who are unable to afford the original price. I need scarcely point out to those who are conversant with the necessities of the poor in this great metropolis, how incompetent numbers of them are to spare seven shillings for disorders of the respiration. Would not, then, a "Respirator Society," formed after a similar plan to the City of London Truss Society, so as to enable the poor, with diseased lungs, to purchase respirators at a very low price, be an invaluable addition to our numerous charitable institutions?—I am, Sir, your most obedient servant,

C. J. B. ALDIS, M.D.,
Physician to the London Dispensary, and Lecturer on Medicine.

13, Old Burlington Street, Dec. 15, 1841.

To the Editor of the 'Medical Times.'

SIR,—I beg to direct your powerful pen to a serious medical abuse in connection with a Society, which I and many other gentlemen considered to be founded to introduce several moral reformations—in the Provincial Medical and Surgical Association.

In the first place, Sir, the heads of the Society have thrown overboard altogether, as, I am informed the subject of Medical Reform. Now I will venture to say, that there are not two in a hundred of the members who do not feel with me, that a Medical Society, which in the present state of the profession does not go heartily for an immense change, ceases to fulfil one of its highest duties. Then, Sir, there is no meeting of the council to take the grievances of its members into consideration—nor, in short, any activity, except just about the time of its annual meetings; a further abuse is in the distribution of its funds. Our Society's funds, beyond what is immediately needed for its own necessary expences, and the aiding the cause of reform, ought to go to the benefit stock for the widows and orphans of medical men. But will you believe it? We apply little or nothing to this holy purpose—but by some able thimble-riggery the money is *sacrilegiously* handed over to prop up a bankrupt publication of no mortal service that I or anybody else knows, except to put bread in the mouth of a turned-off understrapper of Mr. Wakley. Now, Sir, I say this is shameful; and feeling that independent publications like yours, which really might do something for reform, is injured by it, as much as the funds for the relief of widows, &c., I do hope you will take up the subject. For my own part, Sir, I can hardly look at the ill-written thing without disgust—for I hate to think that there is a medical man who can descend to depend for his weekly bread on receiving the money which ought to go to supply food to the helpless!

Asking your pardon for occupying your time, I am, Sir,

A MEMBER OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

[Our Correspondent—whose name we have—need not fear that the journal which gives him such disgust *injures* us; on the contrary, it seems—we presume to think—as a measure of our real propositions, as the diminutiveness of a crow on St. Paul's leads to a juster notion of the vastness of the building itself.—ED.]

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

November 23rd, 1841.—J. Copland, M.D., F.R.S., in the Chair.—*A Case of Aneurism of the ascending Aorta bursting into the right Ventricle.* By Thomas J. Beck, Esq., Lecturer on Surgery at Sydenham College. Communicated by Dr. Robert Lee.—On examination of this case after death, a communication was found to exist between the ventricles. The aneurismal sac, which resembled the finger of a glove three-fourths of an inch in length, had burst at its extremity into the right ventricle. The author observes upon it as follows:—It has been questioned whether the opening between the aorta and right ventricle was an original malformation, having the same probable origin as the opening between the ventricles, or whether this is the remains of an aneurismal sac; but from the history of the case, the situations of the openings, the extent and nature of the disease found around it (being the same as is found around other aneurismal sacs), the latter appears the most probable conclusion, which is considerably strengthened by a reference to the cases detailed by Mr. Thurnam, in the twenty-third volume of the Transactions of the Society, and from an examination of the preparation.

Dr. Addison said that he had seen the case referred to by the author, and related by Mr. Thurnam, which had occurred at the Westminster Hospital, in which the physical signs bore on the whole a remarkable resemblance to those of the case just read. In that case the most prominent sign had been a remarkable vibrating sensation communicated to the hand, and having apparently a very superficial source. This was so marked as to be disagreeable soon to the patient, and it produced a sensation that might almost be compared to that of a galvanic shock. The opinion formed by Mr. Thurnam of this case was, that there existed some unnatural communication between the right auricle and ventricle. The result, however, proved the existence of an aneurism of the aorta just above the semilunar valves, from which a large communication had formed into the right ventricle. He had desired to know the state of the right ventricle in the present case, and especially whether its walls were much thickened, because the extreme degree of dropsy which had existed, afforded reason to suppose that the chief obstacle to the circulation had been on the right side of the heart. In a case which had lately occurred in his own practice, there had been this excessive dropsy; and on examination he had found the usual proportion of the heart's cavities just reversed; that is, the far greater part of its mass was formed by the right side; the right ventricle formed the apex, and the right auricle was dilated far beyond its usual proportions.

Dr. C. Williams said, that that which appeared to him the most striking sign was, that the peculiar rasping sound was prolonged through the whole period occupied by both the sounds of the heart, and faded away only during the pause. There had been in that case a sign which, he believed, had not received sufficient attention in the diagnosis of aneurism of the aorta, namely;

* Having but a minute portion of the divided iron yet ready.

† Or enough to rather more than neutralize the lime.

a very widely diffused dulness of percussion. This and some other circumstances led him to think that, in general, aneurisms were much larger during life than they appeared after death, when, unless there were some large deposits of fibrine within them, maintaining their sacs at a definite size, they, like the arteries in general, contracted as soon as the pressure of the circulating blood was removed from them.

Dr. Addison said that the peculiar rasping sound, heard in the case at the Westminster Hospital, could not easily have been confounded with that of regurgitation through the mitral orifice. It was altogether of that peculiar kind met with only in such cases as varicose aneurism, and it was quite superficial, a character which was never observed in cases of regurgitant disease. As to the extensive dulness in cases of aneurism of the aorta, he could not on this subject agree with Dr. Williams. Every one must have met with examples of such aneurisms in which there had been little or no unnatural dulness on percussion.

Dr. Williams said, the superficiality of the sound was no evidence that it was not seated at the mitral orifice; he had met with many cases of disease of that orifice, where the sound had seemed immediately beneath the sternum; with so many, indeed, that he was surprised to hear Dr. Addison say they never occurred. With respect to the dulness on percussion in aneurisms, he did not mean to say that it was alone sufficient for diagnosis, but only, with other signs, important evidence. He had never met with a case in which it was possible, with any confidence, to suspect the existence of ancurism of the aorta, in which this unnatural dulness on percussion was not present.

Dr. Addison briefly explained.

On the Structure of the Human Placenta. By John Dalrymple, Esq., Assistant-Surgeon to the London Ophthalmic Infirmary.—In the early part of the present year, the author having pursued some anatomical investigations of the structure of the human placenta at the term, and having made several drawings of the injected capillaries of the tuft, afterwards had an opportunity of seeing the copies of Weber's drawings given in the Icones Physiologicæ of Wagner, and transferred to the pages of Dr. Willis's translation of the latter author's Physiology.

The resemblance of the present drawings to those given by Dr. Willis was so striking as to go far, of itself, to prove the correctness of both draughtsmen, and to corroborate the views entertained by Weber of the anatomical conditions of the organ. They differ also from the engravings of Dr. Reid (given in the January number of the Edinburgh Medical and Surgical Journal for 1841), inasmuch as nowhere could be seen an artery and vein running side by side, forming an apparently single vessel, though with a double tube, and terminating abruptly in blunted extremities, where the anastomoses took place between them.

It appeared from Mr. Dalrymple's observations,—1. That the placenta was made up of the innumerable subdivisions of the umbilical vessels, terminating in beautiful coils and convoluted capillaries, which formed tufts or bouquets of vessels clothed by a prolongation of the endochorion derived from the fœtal surface of the organ.—2. That nowhere did a division of an umbilical artery terminate otherwise than in a branch of the umbilical vein; and each branch, as well as tuft of vessels, was covered by a prolongation of the before-named membrane.—3. Thus each tuft was, in fact, a real villus; the endo-chorion being covered externally with an epithelium-like tissue, having nucleated cells and corpuscles.—4. The uterine surface of the placenta is covered by the decidua, which does not appear to enter further into the structure of the organ than between the lobules; and the depth to which it thus penetrates varies with the depth of the fissures.—5. That fibrous bands stretch from the fœtal to the placental surface of the organ, giving firmness and support to the vessels.—6. That there are no defined cells in the placenta, but that the nutrient fluids of the mother are poured into the interstices of the tufts, which are not bound or connected together by a common cellular tissue.—7. That on the decidual surface of the placenta, are thinly scattered, here and there, blunt conical papillæ, about a line and a half in length, made up of innumerable coiled and contorted capillaries. Query—Are these the analogues of the fœtal cotyledons of the ruminant?

From these observations, which were given in a minute detail, the author has attempted to simplify the functions of the human placenta. He observes, that in the incubated egg, in consequence of the non-connexion between the embryo and parent, that a nutrient and a respiratory organ is indispensable, and hence the more complicated system of vessels. That in the oviparous vertebrata, the vitellary sac and the omphalo mesenteric vessels represent the placenta of mammalia, which is the absorbent organ of the fœtus. But while in the one case the nutrient materials of the mother, already aerated by her lungs, are conveyed by the uterine arteries for absorption and nutrition of the embryo, in the other the materials of the blood are absorbed by the folds of the vitcline sac, and conveyed through the circulation of the young bird, requiring, however, contact with oxygen for a second circulation; hence a new membrane, or one that is persistent up to the time of independent respiration, viz., the allantois; and hence also the more complicated system of its vessels. The allantois, as a respiratory membrane, exists only as a rudimentary organ in mammalia, and the function of the placenta being solely that of nutrition by already oxygenized materials, the cord contains only a simple system of incurrent and excurrent vessels.

CASE OF HYDROPHOBIA.

A CHILD, aged seven years, was bitten by a dog on the 10th of June, 1841. The wound, which was situated at the inner angle of the eyelid, was very slight and soon healed, without affording any subsequent inconvenience. On the 29th of the same month she complained of toothache, to which she had been liable; she passed a restless night with frequent sighings, and on the following morning was attacked with a convulsive action of the throat, and great agitation of her whole frame. The symptoms increased, she became feverish, and the sight of fluids produced the greatest disgust. These symptoms continued during the second and third days, without much increase; the skin was hot and dry, the pulse very frequent, and no evacuations had taken place from the bowels for a week. Difficulty of respiration, with great anxiety and sighings, were excited by the presence of liquids, or a stream of air. In the evening of the third day, Hydr. Chlorid. ℈ij. Pulv. Opii. gr. iij, suspended in mucilage, were injected into the stomach through an elastic gum tube; an aloetic clyster was also administered: this was attended with a temporary aggravation of the spasms, which afterwards subsided to their former state. During the evening she repeatedly asked for liquids, which, when offered, excited the greatest horror. The eyes became dull and heavy, with an appearance of inflammation, the paroxysms became more frequent and violent, the extremities more cold, and she was insensible; the approach of a candle excited convulsions she spat out a quantity of mucus, and expired early on the morning of the fourth day.

Upon dissection the brain was discovered to be slightly congested, but no other morbid appearances were observed, except an inflammation of the trachea and bronchiæ, which contained a quantity of puriform fluid.

MEDICAL NEWS.

FRENCH APPOINTMENT.—The minister de l'instruction publique has just given to Dr. Donné a special appointment to undertake a course of microscopic observations in relation to medical science. Dr. Donné has devoted much of his life to this separate branch of scientific inquiry. He was the first to establish a public course of microscopic demonstrations—the example is now being followed at Edinburgh, and will doubtless spread. When will our government do something like this to advance medical science? Dr. Donné's appointment is as lucrative as it is honourable.

SMALL POX.—The Marylebone authorities have plentifully distributed hand-bills, mentioning the addresses of the medical men who are appointed by the parish to vaccinate gratuitously, and briefly explaining the advantage of the process and the law of the subject. The example is worth following.

A surgeon named Battye has gone to the expense of publishing a work on cancers, and in advertising it knowingly tells the public his address.

VARIETIES OF MEDICAL ADVERTISEMENTS.—Dr. Wm. Marsden, "Senior Surgeon, &c., &c.," has advertised his removal from a hole called Thavies Inn, to more respectable apartments, about 100 times. The 'Post' being his favourite. This is not honourable work. We would prefer the Doctor's advertising for practice at once.

The Council of the British Medical Association has, as far as its vote can do it, pledged its members not to answer any inquiries of Insurance Companies unless accompanied by a fee. The Lancet says, that "Thomas Wakley, Esq., M.P., &c.," (we do not know what the *&c.* means), has sent in a breviate of a Bill on Medical Reform to the British Medical Association. We hear that there are many doubts whether that body will pass it.

We learn from very good authority, that the Council of the Royal Medico-Chirurgical Society intend instituting a prize for the best essay upon a given subject, to be awarded annually. Whilst the spirit of competition is thus laudably excited amongst our professional countrymen, we confidently anticipate the production of many first-rate essays.

Dr. John Wilson, of the Middlesex Hospital, has succeeded, as he alleges, in Mesmerising cats, dogs, blind puppies, macaws, poultry, ducks, geese, turkeys, fishes, elephants, and other wild beasts. The doctor has published a detailed account of his experiments.

CORNS.—Mr. Wetherfield, surgeon, of Henrietta-street, Covent-garden, recommends the application of amadou, or German tinder, to a variety of important purposes, and among others to the cure of corns. It is contrived so as to remove all pressure, there being a small aperture in the piece of amadou, which protects the corn from the friction of the shoe, while the anodyne plaster tends to relieve the pain, and promote the absorption of the corn.

WORCESTER.—A Meeting was held on Monday last, at the Guildhall, for the formation of the Worcester Ophthalmic Institution, when the Mayor was unanimously called to the chair. The Mayor announced that the two members for the city, Joseph Bailey, Esq., and Sir Thomas

Wilde, had both consented to become Vice-Presidents, with a donation of £5 towards the fund. Mr. Bailey said, that since its first establishment, the average number of patients per annum was 600; and the average expense of each in-patient per week was but 8s. By the last report of that institution, he found that the total numbers admitted since its formation in 1810 was nearly 18,000, giving an average number of 600 yearly, and that the whole cost for the past year was but £103 15s. 8d. (Hear, hear.) Compared with the population of Bristol (100,000), the number of eye patients in that city was as 1 in 170; now if we compared the number of eye patients in the Worcester Infirmary with the entire population of the city (30,000 he would assume), they would be but as 1 in 600, therefore implying that a great number of cases in this city were unrelieved. Dr. Streeten was appointed Physician, and J. Stephenson, Esq., consulting surgeon. Mr. Foley nominated Mr. J. H. Walsh to be one of the two surgeons to the institution. This vote was warmly opposed, but was carried on a division. Mr. Orwin was appointed as joint surgeon with Mr. Walsh. Rev. W. Holden nominated Mr. Thomas William Walsh to the office of assistant-surgeon. R. Evans, Esq., put Mr. Everett in nomination for the same office, and testified to his respectability and necessary qualifications, although he had not long practised in this city. The diplomas and testimonials of the two candidates having been handed in, the meeting came to the vote, when a large majority appeared in favour of Mr. Everett, and a "poll having been demanded" on the part of Mr. T. W. Walsh, the votes by proxy were then also recorded. At the close of perhaps as keen a contest as any exhibited in the annals of electioneering, we understand the numbers stood as follows:—for Mr. Thomas Walsh, 162; for Mr. Everett, 130; majority for Mr. Walsh, 32. The numbers being announced, Mr. T. Walsh returned thanks for his election, and Mr. Everett also expressed his acknowledgments for the support which had been extended to him.—The Rev. Mr. Holden then moved, and Mr. T. Walsh seconded, a vote of thanks to the Mayor, for his impartial conduct in the chair, which having been acknowledged by the latter, the meeting broke up.

THE NON-RESTRAINT SYSTEM.—At several of the late meetings of the magistrates of the county of Middlesex, some very lengthened discussions have taken place relative to the system of non-coercion of the patients of the Hanwell Lunatic Asylum, which has been adopted by order of the visiting justices, under the advice of Dr. Conolly, the resident physician. The course adopted by the visiting justices having been strongly censured by some of the magistrates, the former have recently instituted a full investigation into all the circumstances, with a view of showing to the public that the plan they have adopted is more than any other likely to contribute to the speedy recovery of the unfortunate inmates of the asylum, and not attended with that danger either to the patients themselves or others which had been so confidently alleged by the opponents of the plan. On this subject they have prepared a very interesting report, which will be laid before their brother magistrates on the next county day.—*Communicated.*

FIRE.—The basement floor of the Royal College of Surgeons was on fire for an hour on Saturday night, the 27th ult. The place immediately on fire was directly under the valuable museum. A number of engines were very promptly brought to bear on the fire, and prevented any considerable damage. The College is insured.

ROYAL COLLEGE OF SURGEONS LONDON.

A list of Gentlemen admitted members on Friday, Dec. 10, 1841:—

Francis Southam, Peterborough; John Woodward, Bolton-le-Moors; Richard Jones; William Hepworth; Charles Chrimes Taylor; James Oldham; Benjamin Leak; Francis Brase; Walter Jones; William Charles Hempray; Charles Daubeny; Benjamin Suete; George W. Lang; Joseph Caldwell.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

ARMY.—16th Lt. Dragoons, Surg. Murray, M.D., from 13th Foot, to be Surgeon, vice W. Reynolds, Surgeon, who retires upon half-pay; 13th, Assistant-Surgeon Robertson, M.D., to be Surgeon; Thomas Goldie Scott, M.D., to be Assistant-Surgeon; 46th Foot, Assistant-Surgeon J. A. D. M'Bean, to be Assistant-Surgeon, vice Cowen.

Assistant-Surgeon Archibald M'Kean has been arraigned and found guilty of the charge of gross neglect of duty at Delhi, in having failed personally to visit and afford his professional advice to the late Sub-conductor Tapsell, of the Camel Department, while lying seriously ill.

NAVY.—Assist.-Surg. Dr. J. Wilson, Assisting-Surgeon of Greenwich Hospital, who has lately been employed in making up, under the supervision of Sir W. Burnett, laborious statistical medical statements of the navy, is appointed full Inspector, with a surgeon under him, of the Chinese squadron. He will go out in the Minden, and will take with him about six Assistant-Surgeons; Mr. Dodwell Browne Whipple, to the Minden; W. Maitland, to the St. Vincent; A. Adams, to Haslar Hospital; R. D. Pritchard, J. Patrick, Robert Beith, and E. D'Auvergne, to the Cornwallis; A. J. Little, to the Queen; W. Bruce, to the Apollo; Dr. James Mitchell, to the Atholl.

Surgeons—Dr. A. Nisbet, who served with Sir George Cockburn in the Vernon, to be Assistant-Surgeon at Greenwich Hospital; James Wilson, to the Caledonia; Joseph Plimsoll, to the Childers; John Read, to the Iris; A. Nisbett, to Greenwich Hospital, vice Wilson, appointed to the Minden, as Deputy Inspector of Hospitals in China.

OBITUARY.

At Karrack, on Thursday, the 19th of August, most sincerely regretted by all his friends and acquaintances, Dr. Andrew Weatherhead, civil surgeon to the Residency in the Persian Gulf, aged 36 years.—At Benares, on the 14th of September, Alexander Twedie, Esq., Bengal Medical Service, late of Guy's Hospital, London, eldest son of Thos. Tweedie, Esq., Bengal Medical Board, and of quarter Peebleshire, aged 31 years.—Assistant-Surgeon Baines, died at Sukkur, 12th October.—Dec. 4th, in the West Indies, Assistant-Surgeon Scott, of H.M.S. Fair Rosamond; and Assistant-Surgeon Maclean, of H.M.S. Rover.—On the coast of Africa, Mr. W. B. Marshall, Assistant-Surgeon of the Soudan steam-vessel; also, on the same coast Mr. Nightingale, Assistant-Surgeon of the Albert steam-vessel.—Lost at sea, Sept. 24, 1840, Surgeon D. Monro, of the Medical Establishment of Bengal.—Dr. John Hall Davies, an active candidate for the vacancy caused by his father's death, in the Physicianship of the Royal Maternity Charity.—On Saturday, December 4th, 1841, at his house in Russell-place, Fitzroy-square, DAVID DANIEL DAVIS, M.D., aged sixty-nine years. Dr. Davis had recently resigned the chair of obstetric medicine in University College, London, and the office of Physician to University-College Hospital; was formerly physician to Queen Charlotte's Lying-in Hospital, and was the author of many medical works, standard productions in the profession. Dr. Davis was physician-accoucheur to the Duchess of Kent at the birth of her present Majesty, Queen Victoria.

ERRATA.—In our last number, in Mr. Kay's paper on Wounds, the paragraph commencing, 'When the shock is general,' under the head *Punctured Wounds*, ought to have been placed under *Contused Wounds*.—And in Dr. Thompson's paper on Consumption, for 'Instantly,' read 'Unnaturally.'

ADVERTISEMENTS.

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CLINICAL LECTURES ON DISEASES OF THE BREAST IN FEMALES,

Delivered at the Hospital of La Charité, by Professor VELPEAU.

LECTURE V.

Parenchymatous or Glandular Abscess.—Abscesses which develope themselves in the parenchyma of the mammary gland, present two principal varieties. The first, establishing itself primarily in the lacteal tubes, is most frequently produced by a previous inflammation of these canals; thus we generally observe it in nurses, and those recently confined. We, however, meet with some cases in women at the turn of life. This first variety usually shows itself by a milky engorgement, the tube affected then becomes converted into a cyst, the inflamed parietes of which secrete pus, which mixing with the milk gives rise to a true abscess. The second, being the result of inflammation of the cellular tissue, or the cellular parenchyma of the gland, is originally formed in the substance of the partitions which separate the different parts of this organ; but whichever form these abscesses may assume, they are generally numerous. In a short time they may developc themselves in great numbers in the same female. Sometimes we see them arise simultaneously, sometimes successively; their number, moreover, is greater or less according to the number of lacteal tubes or lobules of the gland which have been attacked by inflammation. They are generally of a small size, which is readily accounted for by the number of partitions or processes which divide and subdivide the gland. I have seen thirty-three of these abscesses successively in the same breast. You must have seen several instances of this kind of abscess in the hospital; we had a remarkable example in the month of November 1837.

Case.—*Numerous abscesses of the right breast during a first pregnancy—Death—Autopsy.* On the 22nd of November, a woman named Carterne, 19 years of age, was admitted in the Hospital of La Charité. This young female, of rather a lymphatic constitution, had always until lately enjoyed perfect health. Menstruation appeared at 15 years of age, and continued regular till eight months back, when she became enceinte The first six months of her pregnancy (according to her account) exercised no influence over her health; her embonpoint had, during this period, become more marked, notwithstanding the anxiety caused by her condition. At this time she perceived a tumour on her right breast, which was rather painful. Not knowing the cause, she attributed it at first to her pregnancy, but finding the other breast considerably smaller, and the pain increase every day, she entered the hospital towards the latter end of August, 1837. The general state of the patient was at this time very satisfactory, her flesh being firm and coloured; she said she had been enceinte six months. The left breast was in a natural state; but at the lower and outer part of the right breast, we observed a tumour about the size of a hen's egg, with a red and distended state of the skin, and very painful on pressure. Fluctuation was distinct. By these signs, as well as the situation and irregular form presented by the tumour, I pronounced it to be an abscess of the mammary gland; an incision was immediately made which set free a large quantity of pus. On pressing the breast in different directions, several purulent collections were found in the gland communicating one with another; I then foresaw that the disease would be tedious, perhaps continue during the whole period of pregnancy. A fold of charpie was introduced between the lips of the wound, and the breast was covered with a linseed-meal poultice. In a few days, two other small abscesses developed themselves around the first. They were at once opened and dressed in the same manner. After twenty days of the treatment, the disease seemed to be nearly cured, when Carterne was obliged to leave the hospital for a short time. She did not return till the 10th of October. The disease had become much worse. There was inflammation around the abscess—other collections of matter were formed in different parts of the breast, almost the whole of which, in fact, was affected by the disease. Thirty leeches were applied, followed by poultices. On the 17th, the inflammation was considerably diminished, the suppuration was also much lessened. M. Velpeau applied moderate compression, which was continued until the 4th of November. The patient was then in a satisfactory state, and the breast had become much smaller. Suppuration grew less from day to day, and everything leading us to believe that Carterne was secure from any serious result, she left the hospital promising to return if any new complication should arise, and consenting to follow a fixed regimen. On the 22d of November she returned, but a great alteration had then taken place; the disease had assumed a serious character; the inflammation was at its greatest intensity; suppuration was very abundant. The patient was weak, and laboured under a troublesome cough. Thirty leeches were applied to the inflamed part, and also linseed-meal poultices. A few days afterwards, the symptoms assumed a dangerous character. The bowels were open. On the 27th, the patient was much weaker; she was pale and bloated. The pulse became small but slow; the upper and lower limbs were infiltrated with serum. A few days afterwards, the infiltration became general, and the limbs were double their natural size. On the 8th of December, the patient complained of violent griping pains, which she had experienced on and off from five in the morning; she expected she was going to be confined. I examined her, and found that the neck of the *uterus* was completely effaced, and that the accouchement would quickly take place. At three in the afternoon, she was delivered with but little difficulty, and without accident to either herself or child. On the 9th, her general state caused considerable alarm—she had passed the night without sleep. The skin was hot—the pulse small and frequent—the tongue furred; the infiltration continued in the same degree; there was slight wandering. On the 10th, these complications were redoubled in intensity. The patient was immediately placed under the care of M. Rayer, but died on the 11th, at five in the evening.

The autopsy forty hours after death.—The womb presented no trace of inflammation; it had become reduced to its natural size, and rested almost entirely in the true pelvis. No appearance of disease was discovered in the kidneys. A little whitish serosity was contained in the cavity of the peritoneum, but this membrane did not appear inflamed. All the other organs were in a natural condition. At the inferior part of the abdominal parietes, an extensive phlegmonous swelling was discovered, but which had not arrived at the stage of suppuration. The diseased breast, when carefully examined, confirmed in every respect my previously expressed opinion as to the seat of the abscess. The whole substance of the gland was traversed by fistulous passages, of a greater or less extent, communicating with twelve or fifteen small abscesses, the two principal of which opened externally by a minute aperture. Although it is true that parenchymatous abscesses of the breast are generally numerous, still we must add, that it is not very unusual to meet with but one collection of this kind. In these cases, it will be found very voluminous, generally appearing round the nipple; but it may be formed upon other points of this organ. Among other examples of this nature, I will repeat the following:—

Case.—In the month of June, 1838, a young nurse presented herself for our advice, having on the lower and outer side of the left breast a tumour about the size of an egg. Seven days previously she had experienced a great deal of pain in the part, without knowing how to account for it; a red spot appeared, and in four or five days the tumour became the size which I have before mentioned. The integuments were somewhat thinned, and of an almost livid hue; fluctuation was evident. An incision was made, from whence issued three or four spoonsful of pus; we could not at that time positively ascertain whether the abscess was really seated in the parenchyma of the gland; but by pressing it, we were easily convinced that this abscess was single. Some poultices were applied, and the patient returned to her home. Five days after she came back for it to be examined; the wound was almost healed, no further suppuration had taken place.

Parenchymatous abscesses of the breast are without doubt the most frequent; I may say even that almost all the abscesses which I have met with in pregnant women, as well as in nurses and those recently confined, and which have not been produced by any outward violence, have originated in this form. This fact being closely connected with the functions of suckling and of lactation in general, we are led to inquire whether these abscesses occur more frequently in women who are suckling than in those who are not. Many authors maintain that suckling is a preservative against this disease. This in my opinion is an evident error, as clearly evinced by daily observation. I have myself found that nurses are much oftener affected with abscess of the breast than women who are not suckling. In those recently confined, but who do not nurse their children, the secretion of the milk merely continues for a period of eight or fifteen days; consequently, the gland being in a state of repose, is free from all irritation; whilst in women who are suckling, the breast is incessantly exposed during ten or fifteen months to the causes of inflammation, and abscess of this organ; we may moreover remark, that these abscesses, generally speaking, do not appear during the first ten days of accouchement. Parenchymatous abscesses of the breast also manifest themselves by signs, which it is not always easy to distinguish from those of the two species previously described; still if the breast shall have been, in the first place, the seat of a simple engorgement, whether partial or total, and if, after deep and lancinating pains, we see, in a few days, some little swellings formed, some of them shortly becoming soft, then we shall be inclined to the opinion of the abscesses being seated in the gland. Their most general seat, however, appears to be around the areola. The progress of these abscesses is less rapid than that of the two preceding species; their duration however is much more considerable. The nature of the tissue in which they are seated explains the slowness of their developement in some cases. It is unnecessary to add, that these abscesses may be complicated either with superficial, or with deep collections. In this latter case the disease presents two distinct phases; the one being slow, and depending on the glandular abscess;

the other, more or less rapid, being caused by one or other of the complications which I have just spoken of.

Treatment.—In the treatment of superficial or of deep abscesses, the question of suckling is but of secondary importance. The secretion of milk is not necessarily disturbed, nor does danger by consequence result to the infant. The suction exercised by the child can but slightly increase the irritation, or concomitant inflammation. But it is evidently very different with respect to parenchymatous abscesses. Here this question becomes of great moment, and, thanks to modern experiments, surgeons may congratulate themselves on its definite solution. The breast of women affected with parenchymatous abscess should not be given to the child; pus is in these cases mixed in variable proportions with the milk; this fact has been indisputably proved by M. Donné, with the aid of a microscope. This experiment moreover is so easy and so simple, that every practitioner may without difficulty perform it. We have merely to place under the microscope a drop of milk procured from a breast affected with parenchymatous abscess, and we shall clearly perceive, that besides the diaphonous matter forming the base, the liquid is composed of globules perfectly circular, which belong to the milk, and also of globules with a fringed border, which evidently appertain to the pus; ammonia destroys the one without in the least altering the other. I cannot here enter into further details, but we may easily imagine that suckling under such circumstances must be attended with a certain degree of danger; still the danger in this case would be for the child, and not for the patient. There is also a peculiarity which you ought to be acquainted with, as it explains, to a certain point, the resistance which parenchymatous abscesses of the mammary gland frequently offer to the best directed treatment; namely—the secretion of the milk incessantly excites the secretion of the pus, and the formation of the purulent collection has on its part a constant tendency to increase the secretion of the milk; there are here, then, as we may easily perceive, two phenomena which maintain and prolong the disease. From what has been already stated, it is evident that the treatment of parenchymatous abscesses of the breast does not offer the same simplicity as that presented by the two previously considered species. Although superficial and deep abscesses of the breast should be opened freely and as early as possible, a similar practice cannot be invariably adopted in the present instance. It is only when fluctuation is evident that glandular abscesses call for the employment of the bistoury. The incision should generally be small; a simple puncture is sufficient when the collection is very circumscribed. If these abscesses are numerous, we must make a puncture into each little swelling. I should however add, that when the purulent collection is of a large size, we must have recourse to free incisions. In either case, considering the tendency of these abscesses to become prolonged, we should always place between the lips of the wound a fold of *charpie* spread with cerate, or else a gum-elastic *bougie*. The after-treatment consists in the application of poultices, which we may soon replace by resolutive ointments; subsequently, if the cure is dilatory, as frequently happens, we shall derive great advantages from methodical compression. Such, in a few words, is the local treatment required by this species of abscess. But do not misunderstand me; this treatment is less efficacious in the latter cases than in the two species of abscess which we have previously considered; it is most frequently necessary to unite to these remedies a general or internal treatment, without which you will be liable to see the disease prolonged for a greater or less period. Consequently, when you perceive these abscesses becoming tedious, it will be necessary to arrest, by appropriate means, the secretion of the milk, which, as I have already told you, is one of the principal causes of the prolongation of the disease. For this purpose you may advantageously employ the preparations of iodine internally, of calomel in divided doses, of different sorts of purgatives, and of tartar emetic by the Rasorian method. You may also make use of compression. This treatment gradually lessons and even suspends the secretion of the milk, and it is then that the local treatment exercises its full influence, and the cure soon takes place. But as you may easily conceive, it is impossible thus to act upon one breast, without also affecting the other. Now, as many mothers will not consent to wean their children, the employment of this kind of treatment becomes both difficult and delicate; when, therefore, the patient wishes to continue suckling, these abscesses can only be treated by local means, but then the disease is always more or less tedious.

Contusions and sanguineous Effusions in the Breast.—Under the title of *ecchymosis* of the breast, Sir A. Cooper has described an abnormal condition of this organ, characterized by one or more patches of a brown or yellowish colour, and variable size, similar to those produced by a contusion. These ecchymoses, which are more particularly observed at the approach of menstruation, or at the turn of life, are commonly the seat of acute pains, which often extend towards the arm-pit, the arm, and even the fingers, and are moreover exquisitely sensible to the least pressure. There is usually no engorgement or induration accompanying them. They depend on an infiltration of blood in the subcutaneous tissue, or in the substance of the breast itself. These ecchymoses, in the majority of cases, do not continue beyond ten days; still in some cases I have seen them prolonged till the next menstrual period. They are, in fact, analogous spots to those which are sometimes formed in the ocular conjunctiva, or in the substance of the eyelids. A consideration which ought not to be lost sight of here, is the co-existence of these ecchymoses with the approach of the menstrual flux. This fact, in connexion with a thousand others, proves the relative sympathy which exists between the uterus and the breasts. This affection does not appear to me to bring any species of danger along with it; it almost always disappears of itself; I, therefore, do not think it necessary to employ any active treatment. The whole attention of the surgeon should in these cases be directed towards the menstruation; still if it seems necessary to use more active means, a general bloodletting, some leeches applied round the breast, resolutive compresses, intestinal derivatives, or emmenagogues, form the series of means to which we must have recourse. The best topical application in such cases, according to Sir A. Cooper, is the liquor ammoniæ acetatis, combined with alcohol, in the proportion of five ounces of the former to one of the latter.

Contusions, properly so called, of the breast, may occasion an infinity of different lesions. It is of importance to form some distinctions on this point. When the lesion is merely seated in the skin and in the subcutaneous adipose cellular layer, we merely find an ecchymosis of greater or less extent, which presents the same characters as upon other regions of the body, and offers no peculiarity whether in its progress or treatment. But it is very different when the gland itself is affected. The lobules of this organ may then become destroyed, or altered in every way; some of its vessels may be ruptured, and cause an infiltration of blood, or true sanguineous effusion, or even various forms of degeneration. It appears evident to me that certain tumours of the breast should be referred to this kind of lesion. I cannot here enter further into this subject; but whatever view may be adopted, it is without doubt of advantage in these cases to make use of an antiphlogistic treatment, and of resolutive applications to the part. It is especially, at the commencement, that the disease should be attacked in this manner; general and local abstractions of blood, proportioned to the constitution of the patient, and the extent of the lesion, and poultices, should be employed in the first instance. If these means are not effectual, we should make use of compresses, moistened with Goulard water, solution of sal ammoniac, or iodurette ointments. When the contusion is but small, these latter applications may be sufficient. If, in spite of these remedies, an abscess should be formed, we must treat it in the manner indicated. When the contusion extends still more deeply, the submammary cellular layers may be affected; an ecchymosis is then formed, which presents some peculiarities with which you ought to be acquainted. It generally appears externally, within a few days of the accident, and shows itself rather upon the circumference than the fore part of the breast. Frequently, also, a true sanguineous collection is formed, which, however, may be distinguished from abscess of the same region by the following characters:—The skin around the breast, instead of being red and hot, as in inflammations, presents a livid, bluish, or yellowish tint, and offers no remarkable change of temperature. The breast but rarely projects forward so much as in abscess. There is but little pain caused, even on pressure. With these signs, as well as those furnished by the state previous to the affection, it is a difficult matter to be deceived in the diagnosis. This species of sanguineous deposition may, moreover, as in every other region of the body, excite irritation, and become transformed into a true abscess. The treatment of this affection is very similar to that of sanguineous effusions which take place under the influence of the same causes in the deep regions of other parts of the body. The following fact deserves mention in this place:—

Case.—In April, 1837, a woman, about 40 years of age, entered the hospital with a large tumour of the left breast. Six months previously, she had violently struck herself against the corner of a table. She experienced acute pain for some days, which, however, disappeared so much that she considered herself well; but a week after, a tumour appeared on the lower and inner part of the organ. As she merely experienced some slight pains, and the tumour did not increase in size, she took no further notice of it; but five months after the accident, the swelling became painful, and the patient then applied poultices. A month after, she was admitted into the hospital. The breast was then surrounded with the remains of an ecchymosis. Fluctuation, although obscure, was still discernible at the base of the tumour. I immediately plunged a bistoury into the abscess, and set free nearly a glassful of blood, partly coagulated and partly liquid, mixed with a large proportion of pus. I then employed the usual after-treatment; the cure was slow, the cavity not being completely healed up till two months after.

Amputation of the Breast.—Before giving a description of the manual operation, I think it necessary to present to you some short preliminary observations. The following question naturally presents itself in this place:—*Is it, or is it not necessary to amputate for cancer of the breast?* Many discussions have been raised on this point, without producing, however, among surgeons unanimity of opinion. This question also involves a number of peculiarities, the examination of which would evidently detain me too long. I shall here confine myself to rapidly explaining to you my opinion on this subject. Being convinced, contrary to the opinion of Monro and Delpech, that scirrhous and encephaloid tumours constitute, in a majority of cases, an affection originally local; that the liquids and solids of the whole economy are only infected secondarily; I maintain that we should operate in cancer of the breast, and that as early as possible. The question of the cancer reappearance here, presents itself in all its force; it is doubtless this idea which has deterred many a surgeon. It is true that cancer has often re-appeared after the operation; a great number of such cases have been verified. But we must also acknowledge that many successful cases are authenticated. During the last few years, you must have observed a great number of instances in this hospital. If the knowledge of the signs of diseases were sufficiently advanced to enable us to recognise cancer of the breast at its commencement, and to distinguish it from every other species of tumour, the operation would doubtless be much less frequently followed by relapse. All procrastination would then be dangerous, and culpable in my eyes. If we are called in when the disease has already made some progress, it is necessary not to leave it till the glands towards the hollow of the arm-pit, and in the supra-clavicular region, have become affected. I have now performed a great number of operations of this kind, which many of you must have witnessed in this hospital, and the results which I have obtained are far from making me alter my opinion on this subject. A slight yellowish tint,

or a commencement of what is termed the cancerous cachexy, does not always form a contra-indication. You cannot have forgotten the woman who, in March, 1837, was admitted into St. Catherine's ward, and whom the operation has undoubtedly snatched from approaching and inevitable death. I am then convinced that the operation should always be practised when the ramifications of the disease can be extirpated without occasioning a very considerable loss of substance, and when nothing demonstrates its existence in other organs. Being classed among the grave operations of surgery, amputation of the breast requires every precaution as to general regulations, regimen, preparation, and dressing. Variations are sometimes made in the manual operation, as to the position to be given to the patient, the form and direction of the incisions, the manner of arresting the hæmorrhage, and of healing the wound.

1st. *Position of the Patient.*—No positive rule can be given on this subject. The prelude of the operation is left to the taste and habits of each surgeon. But as you have not yet launched into practice, I will point out to you the position which seems to me most convenient and advantageous. The sitting posture evidently exposes more to syncope than the horizontal. Besides, in placing the patient in the former way you will yourselves be obliged to assume a constrained and fatiguing position, especially if the operation should be at all long or difficult. I would advise you then to place your patient upon a bed of a suitable height and hardness. The head should be moderately raised, the arm of the diseased side carried slightly backwards and upwards, so as to leave the side of the tumour facing the operator. A wrapper is passed behind the chest, and beneath the breast to protect the bed and the clothes. You should always, when it can be done without inconvenience, have at your disposal five assistants, whom you should distribute in the following manner:—one holds a bandage over the eyes of the patient, and directs the movements of the head and shoulders; another is charged with the arm corresponding to the diseased side; another holds the basin and the hand of the sound side; a fourth keeps the parts stretched and cleanses them with a sponge as soon as they are divided; while the fifth hands to you the instruments. It is unnecessary to add, that this array may be dispensed with. In private practice for instance, where it is especially necessary, as it were, to re-assure the courage of the patient, you could scarcely present yourself thus escorted. In these cases, one intelligent assistant, or at the most two, will answer all your need.

2ndly. *Incisions.*—You can easily comprehend that it is impossible to lay down rules as to incisions for those cases in which the skin is so altered as to render its removal necessary; it is evidently only in cases of tumours; where the integuments are free from disease, that we can choose between the different methods which have been proposed. On reviewing the various opinions advanced by authors on this subject, we perceive that each kind of incision has found its advocates. Thus some prefer the crucial incision, others the circular, and others again the T incision. For my own part, I think that, except under particular indications, we should employ the simple or else the elliptic incision—the former in those cases where the whole of the integuments can be preserved; and the latter, when, for some reason, we wish to remove a more or less considerable portion of the skin covering the tumour. I at one time advocated an incision under the form of a crescent, with the idea, that after the removal of the tumour, the superior lip of the wound could be drawn down, so as to form a kind of valve over the whole extent of the incision. But I am now convinced that this method offers no real advantage in the majority of cases. Strictly speaking, all cutting instruments are suitable for amputation of the breast. Still the convex bistoury for the incision of the integuments, and the straight bistoury for the rest of the operation, are most eligible for fulfilling the various indications required. The direction to be given to the incision is another point upon which surgeons have been divided. Some, with Sir C. Bell, direct it from above downwards; some give it a transverse course; and lastly, others direct it obliquely from above *downwards*, and from without *inwards*, that is to say, in the direction of the fibres of the great pectoral muscle. This latter course is usually adopted by modern surgeons. Without wishing absolutely to reject any of these methods, I must say, that if the immediate re-union of the wound ought to be attempted, and if the disease does not extend to the arm-pit, we should prefer an incision parallel to the axis of the body, this being evidently the direction most favourable for the application of bandages, and the employment of the various means for the purpose of uniting the wound; if on the contrary, the tumour is very much elevated, or else if its great diameter is directly across, the transverse incision should be preferred. But in most other cases the oblique incision from above downwards, and from without inwards, deserves the preference usually given to it, not only on account of the superiority of its direction with respect to the great pectoral muscle, but also because it enables us to penetrate towards the arm-pit, as far as the state of the disease may require. At one time it was usual, before making the incision, to mark the course to be pursued with ink. In the present day, we do not hinder ourselves with any such precaution. A rule, which you should not lose sight of, consists in commencing the incision from the most depending point, so that you will not be obstructed by the blood as you proceed onwards. The following is the manner of performing the operation.—The assistant stretches the integuments; the surgeon then divides the skin and the subcutaneous layer with a convex bistoury, and afterwards draws the tumour forwards with his fingers, or by means of a hook; then taking hold of the straight bistoury, he dissects out the tumour, at first from below, and then from above, whilst one assistant separates the edges of the wound, and another attend to sponging away the blood: when arrived at the deep part of the tumour, he must be exceedingly careful not to leave at the bottom of the wound any portion of the diseased tissue; with this view, he introduces his index finger as a guide; it is also always necessary to remove a certain portion of the sound tissues along with the tumour itself. As soon as the principal morbid mass is removed, he must ascertain that no diseased portion is left, and the interior of the cavity is then to be cleansed. If any portions of degenerated tissue should have escaped the bistoury, we must immediately extract them, without fearing to sacrifice some of the fibres of the great pectoral muscle, or even of penetrating to the surface of the ribs; for you must remember, that if you wish to have any chance of success, you must extract the diseased portion even to its most minute ramifications; moreover, if the ribs or the cartilages were evidently affected, it will be necessary to scale them, or even cut them out; but you should know that these cases are hopeless, and that they present such feeble chances of success, that if you could be assured that the disease penetrated so deeply, you ought not to adopt the operation. With respect to the accompanying tumours, which frequently exist in the hollow of the arm-pit, we must enter into a few details as to their origin. If we were convinced that these swellings were simply encysted tumours, we ought not to meddle with them. In the annals of science many instances of axillary swellings have been recorded, which have disappeared after the extirpation of large tumours of the breast; I have myself met with several such cases in private practice as well as in the hospitals: but we must here make a very important distinction, the justice of which you will easily perceive. When the disease of the breast does not consist in a malignant tumour, it is not at all imperative to remove those tumours formed in the arm-pit. In these cases, these swellings generally disappear after the removal of the tumour in the mammary gland. If, on the contrary, they are formed in consequence of some variety of scirrhus, cerebriform tumour, melanosis, &c., it is prudent, not to say necessary, to search for the disease even at the bottom of the arm-pit, and to remove its most distant ramifications. The time for the operation varies according to the case; if the concomitant tumour is not very distant from the breast, we may expose it by a simple prolongation of the principal wound; in other cases it would be better to make a fresh incision towards the arm-pit: you may readily understand how much prudence and delicacy are required in this region, where the nerves and important vessels are seated. It is therefore more wise, when the tumour is very deeply situated, to strangulate the pedicle of the mass with a strong ligature, and raise it, before completely separating it from the arm-pit, than to detach it at once with the bistoury. It is unnecessary to repeat, that this operation should be modified in various ways according to the case. I may lastly add, that when we meet with a malignant tumour, although even the whole of the gland should not be attacked by the disease, it would be necessary to remove the whole of the organ. If, on the contrary, the tumours are of a kindly nature, it will be necessary to remove the affected portion only, and especially to preserve the nipple if possible.

3rdly. *Hæmorrhages.*—Some surgeons have established a rule, that the vessels should be tied immediately after their division, even during the operation; but this is a practice which uselessly prolongs the sufferings of the patient, and which, in some measure, embarrasses the operator; it is certainly far better for an assistant to make pressure with his fingers upon the large divided vessels. As soon as the tumour is removed, we can then act more freely; after sponging the wound, we may check the hæmorrhage by proper means. In the present day, surgeons do not place much reliance on compression and stypties, if the divided vessels are of a certain calibre; the preference is generally given, and with justice, to the ligature, or to *torsion*. It now remains to ascertain which of these two latter operations is preferable. Without entering into the details of this subject, I may say, that the wound resulting from amputation of tumours of the breast being one of those which most readily unite by the first intention, torsion, in these cases, presents some advantages over the ligature. Consequently, when the divided arteries are easily isolated, and we wish to attempt the immediate reunion of the wound, torsion may be preferred; but in other cases, I think that we should employ the ligature. But it sometimes happens, that after having been divided, the arteries cease to bleed, and become concealed in the surrounding tissues; in these cases you will most frequently be able to find them with great facility after cleansing the wound with a sponge dipped in lukewarm water.

4th. *Dressing of the wound.*—All the precautions of which I have just spoken being adopted, we must then think of closing the wound. There is a diversity of opinion also on this point. Some surgeons, with a view of giving time to the vessels (which should have become retracted in the first instance) to again appear, and to become cleansed from the blood which oozes out from its surface, advise the dressing to be postponed for some hours after the operation. In my opinion, this practice should only be adopted when there is reason to fear the recurrence of hæmorrhage during the first few hours after the operation; with the exception of these cases, the dressing ought to be proceeded with at once. Everything that has been said for and against the immediate reunion of the wound, again applies here. I do not think it necessary to enter minutely into this question; but I must declare that I have often attempted the immediate reunion of the incision in these cases, and that I have perfectly succeeded only three times; and I should further add, that this was after the removal of tumours of a small size, or on thin subjects, and that no ligature had been necessary. Moreover, I should say, that by endeavouring to obtain a complete reunion of the parts, we run a risk of blood or serosity becoming effused at the bottom of the wound, and of shortly seeing all the symptoms of phlegmon, or phlegmonous erysipelas manifest themselves. Consequently, if it should appear very difficult to place or maintain exactly in position all the points of the divided surface, it would be better not to close it entirely. The following is the plan which I have for a long time adopted, and which you may see me employ at the hospital:—If the wound is small and clean, I attempt its immediate reunion, in every acceptation of the word. If the wound be at all irregular, or present ragged portions, with a tendency to hæmorrhage, I con-

fine myself to drawing the edges together with strips of plaister, with the exception of the most depending point. This small opening forms a sort of drain for all the matters which may be poured out beneath the skin. But if the wound is hollow, or if, to check the oozing of the blood, it seems necessary to exercise slight compression on the small vessels, I fill up its cavity with little compresses of charpie, at the same time gently forcing the sides towards each other, and cover the whole with a linen rag spread with cerate, but having holes snipped in it, and then with folds of charpie and a roller. At the end of three or four days, all the compresses may be removed with gentleness. The same dressing, renewed every day for a week, rarely fails to give the wound a bright red and granulous aspect, which allows our then attempting its immediate reunion with every chance of success. This mode of dressing also occasions the least re-action, and exposes to the fewest inconveniences, at the same time that it permits the union of the most extensive wounds of the breast in the space of a fortnight or three weeks. If in the amputation we are obliged to sacrifice a large extent of the integuments, we may, to avoid the inconveniences of a gradual and purely concentric cicatrization, adopt some of the autoplastic operations; that which appears to me most suitable in this case, consists in dissecting, or detaching from the subjacent parts, the skin around the circumference of the opening, for a more or less considerable extent, according to the case, so that by moderate extension we may draw together the lips of the wound, as in immediate reunion. A great number of bandages have been invented, both for exercising a well-regulated compression on the breast, and for maintaining, in a suitable manner, the portions of dressing after the total or partial amputation of this organ; but I have found nothing more convenient in such cases than the figure of 8 bandage; I have constructed it in the following manner:—I employ a band seven or eight ells long; half an ell of this band is allowed to hang behind the chest, where an assistant holds it, while the surgeon carries on the rest over the shoulder of the sound side, makes it descend in front of the chest under the arm-pit of the opposite shoulder, and again carrying it behind, makes some circular folds from below upwards, around the chest, from the level of the typhoid cartilage over the mammary region. This band is afterwards passed from the posterior part of the diseased armpit above, then in front, under and behind the armpit of the sound side, to make some new circular folds, and return in the same manner around the diseased side, so as to exhaust the roller by some concluding circular folds. The end, which had been in the first instance left behind, is then to be brought forward over the shoulder of the diseased side, and carried down towards the epigastrium in the manner of a brace, and there fixed with one or more pins. This bandage, of extreme firmness, moulds itself exactly upon the parts, and when well applied, is not deficient in a certain degree of elegance. If we wish to establish permanent compression upon the breast, we should apply beneath the bandage graduated compresses formed of folds of agaric or amadou; we might then render them perfectly immoveable, and of complete firmness, by employing a bandage dipped in starch, and applied in the manner already indicated.

In my next lecture, I shall commence the subject of Vesico-vaginal Fistulas, and afterwards give their treatment.

Statistics of Suicide.—In the course of an inquest held last week, Mr. Higgs, the coroner, stated that for the last thirty years the ratio of suicides never varied, as far as regarded the population of Westminster. They were 1 to 8,000 of the population. With respect to the sexes, there were during the above period three suicides of males to one of females.

King's College Hospital.—The late Richard Atkinson, Esq., of Lincoln's Inn, has, among other charitable bequests, left to this Hospital the sum of 50l., which is the first legacy this deserving institution has received since its establishment in 1839.

LECTURES ON CHEMISTRY

By JOHN SCOFFERN, Esq., Professor of Chemistry at the Aldersgate School of Medicine.

In my last lecture, gentlemen, your attention was directed to the fact, that tables expressing an order of decomposition did not necessarily indicate a corresponding order of affinity. Many other schemes for acquiring this knowledge have been proposed, but no one is satisfactory. Indeed, after taking into consideration the numerous circumstances which must, of necessity, modify affinity—circumstances not strictly similar, perhaps, in any two instances, but which operatives in endless variety mask and conceal the force for which we seek; how is it probable that the exact amount of the latter can ever be appreciated? Nevertheless, it has been attempted by other methods, of which I confine my remarks to three:—

1. By appreciating differences of electrical condition.
2. By appreciating differences of adhesive force.
3. By examining the relation existing between atomic, or proportional weights.

The two first schemes may be discussed with a very summary notice indeed, inasmuch as they are not only founded on mere unproved assumptions, but their execution would be impossible. Electrical and chemical phenomena are certainly allied together in some mysterious manner; this is an undeniable fact; but no one has yet proved that chemical attraction or affinity, and electrical attraction, are forces either identical or mutually commensurate. Hence, granting, for the sake of argument, that each different substance possessed a determinate electrical attractive force, *(which is not the fact,)* and that we could not estimate it, (which is also not the fact,) still, we could not, by this means, discover the amount of chemical attraction exerted between any two substances. Objections precisely analogous may be urged against the second proposal; far from its ever having been proved that adhesion and affinity are identical, there is every reason to believe the contrary; and even were this objection removed, there are other circumstances of a mechanical nature rendering impracticable all correct results.

The third plan seems more free than all the others from objections, whether theoretical or practical; but in order that it may be fully comprehended, I should previously have discussed the theory of definite proportions. Under the head of this theory, then, it will be resumed in more minute detail, but a strict analogue, in familiar terms, may thus be submitted to your consideration. Suppose there has to be performed a certain feat, involving a definite amount of exertion—say, for example, the lifting of a weight. If *two* boys can lift this weight, only by exercising their combined strength, but *one* man can lift it alone, surely it is proved, beyond a doubt, that a man is stronger than a boy. Suppose, then, 48 parts of potash require 40 parts of sulphuric acid for saturation, but only 22 parts of carbonic acid—which is the fact—we are led to infer, from this evidence, that of the two acids under consideration, *carbonic acid has the strongest* affinity for potash; or, in other words, that the attractive chemical forces of those acids are inversely as their saturating power. Now, just as the combining or saturating proportions of carbonic acid, sulphuric acid, and potash may be represented by numeral co-efficients, so may those of all other bodies. Our data, then, are easily obtained, and we have only to satisfy ourselves of their correctness. Taking all circumstances into consideration, I imagine we arrive more nearly to the truth of this train of investigation than by any other. I am aware that the results thus made evident, do not accord with those of Bergmann's tables; that, indeed, very often they are diametrically opposed to them; as, for instance, in the example which we have selected, where carbonic acid would appear to exert a greater amount of chemical affinity than sulphuric acid for potash, although, taking for our guide the order of decomposition, carbonic acid should exert a smaller amount of chemical attraction than any other. This, however, is no objection to the truth of the theory. Carbonic acid possibly *may* have a greater attraction than sulphuric acid for potash, although, from its greater tendency to assume a gaseous or elastic state, decomposition, in a reverse order, may be the consequence. I must not conclude this subject without just alluding to a theory which certain philosophers have broached; namely, that chemical attraction probably ought not to be considered as a single independent force, but rather as the resultant of many co-existing ones—of all those, in short, which we have already treated of as mere modifying agents.

Such, gentlemen, is the train of speculations into which we are drawn by a consideration of this subject—speculations which, although possessing much intrinsic beauty, are yet ill suited to the lecturer's purpose as barren of practical results. An impartial glance at the evidence which has been brought before you, will, I think, place in its true and proper light the value of Bergmann's tables;—as indicating the amount of chemical attraction, they are undoubtedly fallacious; but as a practical digest of facts, showing the order of decomposition, they are of the utmost value, and will often be referred to by the practical chemist, as affording this amount of information.

Hitherto we have merely regarded chemical attraction as producing combinations, we must now enter upon the consideration of those laws by which such combinations are regulated. The subject very naturally resolves itself into two divisions, one comprehending such bodies as unite in a great many proportions, and the other such as unite in a few proportions only. But, perhaps, a tabular view, illustrating the fact, will prevent much circumlocution:—

Bodies unite, or *appear* to unite.
- in many proportions.
  - unlimited in all proportions.
  - in all proportions, within certain limits.
- in few ditto.
  - in one proportion.
  - in two or more ditto.

Of bodies uniting without limit in all proportions, we have many examples; water and alcohol afford a very familiar one. Every person is aware, that in mixing those substances we are restricted to no limits whatsoever;—a drop of alcohol may be diffused through any quantity of water—or a drop of water through any quantity of alcohol: the same may be said of sulphuric acid and water; and indeed, a long list of substances which your memory will supply. There are, however, other bodies which only unite in all proportions within certain limits, of this the following is an example: 100 grains of water are capable of dissolving any quantity of sea-salt within 40 grains, but if more than this portion be added, the overplus remains undissolved. This limit to further solution apparently depends upon the fact, that the disintegrating, or dissolving power of brine, is at length balanced by the salts cohesive force, and were it not for this circumstance, combination might take place without limit.

In all such combinations as these, the compound retains most of the characteristics which distinguished its components—a mixture, for instance, of water and sulphuric acid possesses properties which are a mean of the properties of its constituents;—the same may be said of water and alcohol, and of all other combinations belonging to the same class. But we now enter upon the consideration of a far more interesting series of combinations which take place in but few proportions, and these limited, definite, and invariable; in which moreover the properties of the components are entirely changed in those of the compound: for example, 36 parts by weight of chlorine, unite with 24 parts by weight of the metal sodium to form common salt; these proportions are invariable, inasmuch as chlorine and sodium cannot be made to unite in any other ratios; and common salt, whatever may be its source—whether obtained from mines, from sea-water, or artificially by chemical means—always presents exactly the same composition. How different the properties of common salt are from either of its constituents you will learn hereafter, when chlorine and sodium shall have come under our notice. I may remark, how-

ever, that chlorine is, when uncombined, a suffocating gas, and sodium, a very peculiar metal. It now remains for us to discuss the laws regulating the combination of such bodies as unite in few proportions only; and here I must guard you against compounding facts with a theory deducible from them—I allude to the atonic theory, which is naturally introduced by our present investigations.

The laws just mentioned may be reduced to three:—

1. That the composition of bodies uniting in few proportions is fixed and invariable.
2. That the relative quantities in which bodies unite, may be expressed in proportional numbers.
3. That between such proportional numbers may be traced a very simple ratio.

We have already seen that common salt is always composed of 36 parts chlorine, and 24 parts sodium; in like manner oil of vitriol, or sulphuric acid, is invariably composed of 16 parts sulphur, and 24 parts oxygen—nitric acid of 14 parts nitrogen, and 40 oxygen—water of 1 part hydrogen, and 8 oxygen—and similarly in all combinations belonging to the same class. Were the same elements to unite in any other proportion, then some new substance would result. This law has been differently explained, but its universality is too palpable to admit of doubt: indeed, it is the very basis of chemical science, which, without it, could not exist.

The celebrated French chemist, Berthollet, explained this law in the following manner:—He imagined that chemical attraction was not a separate force, but only the resultant of many co-existent ones, such as cohesion, elasticity, mass or quantity, gravitation, &c. He imagined that, cæteris paribus, all bodies would have equal tendencies to unite; but, cæteris *non* paribus, bodies would be affected with *une*qual tendencies. The latter conditions he imagined were universal, and hence all the phenomena of composition and decomposition. Regarding, as he did, chemical attraction as the resultant of many forces, and that the amount of such resultant was always equal for the same substances, he fancied that he had discovered the reason of a limit to combination. This theory of Berthollet is very ingenious, and was by no means easy to be controverted, as chemistry existed in his time. That a mere limit to combination may be thus assumed is rational enough, but the theory affords no explanation whatever of the reason why certain bodies are capable of forming definite compounds within the limit assigned.

Guided by the train of reasoning which we have just developed, Berthollet was led to image that chemical action might be influenced by the relative proportion, mass, or quantity of reacting bodies. He appears to have first entertained this idea whilst travelling in Egypt with his munificent patron, Napoleon. In this land there are found salt lakes, having banks composed of carbonate of lime. When the water of these lakes is dried up by the sun, carbonate of soda remains. Now, this carbonate of soda evidently results from the decomposition of sea salt by carbonate of lime, but in our laboratories no such decomposition will take place. Berthollet attributed this effect to the enormous influence which so large a quantity of carbonate of lime must simultaneously exercise on a comparatively small quantity of sea salt; an explanation which, in the present state of chemical science, is quite inadmissible, however rational it may appear to be on a prima faciæ view of the evidence relating to it.

It would be improper for me to enumerate tediously all the reasons which induce us to believe that Berthollet's theory is incorrect. Suffice it to say, that the evidence supplied by modern chemistry, is such as constrains us to believe in the existence of an actual independent chemical force, however much its effects are sometimes marked by other conflicting powers; that bodies have tendencies to unite in certain proportions rather than others; and that mass or quantity exerts no such influence as was ascribed to it by Berthollet. For the present, then, let us confine ourselves to the fact, that bodies not comprehended in the first division of our table, unite in certain definite, fixed, and invariable proportions. To account for this, there is a very beautiful, and, at the same time, probable theory; but I shall forbear to mention anything further relative to it until we have examined those facts on which the theory rests. On casting your eyes over the accompanying table, you will remark that every substance there mentioned stands opposite to certain figures:—

Hydrogen	1
Oxygen	8
Sulphur	16
Chlorine	36
Solenicum	40
Silver	110

These figures are indicative of the relative quantities of their respective substances which are capable of entering into combination. Thus, wherever 1 part by weight of hydrogen enters into any combination, 8 parts of oxygen, 16 of sulphur, &c., would be required to supply its place; hence these numbers are termed proportional numbers or equivalents. This law does not apply to elementary bodies merely, but also to compounds, the equivalent numbers of which is the sum of the equivalents of its elements; 8 parts of oxygen and 1 of hydrogen, for example, by uniting together form water, the equivalent or proportional number for which is consequently 9.

The next tables offered to your notice, will demonstrate the truth of the third law, *i. e., that between such proportional numbers may be traced a very simple ratio.*

	Carb.	Ox.	Ratios.
Carbonic oxide	6	8	1
——— acid	6	16	2
	Nitrog.	Ox.	
Nitrous oxide	14	8	1
Nitric oxide	14	16	2
Hyponitrous acid	14	24	3
Nitrous acid	14	32	4
Nitric acid	14	40	5

In all the preceding instances, it is obvious that the ratios of oxygen are expressed by whole numbers, but the next table will show ratios not quite so simple.

Protoxide of iron	28	8	1
Peroxide	28	16	1½
Protoxide of lead	104	8	1
Sesquioxide	104	12	1½
Binoxide	104	16	2

Here it is evident, that the ratios of combination are no longer expressed by whole numbers, although we still *might* do so, by multiplying them by 2. Such, then, is a sketch of the bare facts relative to the union of bodies in definite proportions; and seeing that equivalent numbers are universally applicable as well to compounds as to simple bodies, and indicative of their decomposing or saturating power, you may form some idea of the importance of the discovery. Supposing, for example, that I desired to convert 8 grains of oxygen into water by exploding it with the necessary quantity of hydrogen; I know by theory that one grain of hydrogen is the exact proportion to be used, *less* would be insufficient, and *more* superfluous. We are now in a condition to attack the atonic theory; it will consequently form the subject of our next lecture.

SOLUTION OF MORPHIA.

We not unfrequently see prescriptions in which liq. morphiæ, mur. or liq. morphiæ acetat. is ordered. There is, however, no standard strength for these preparations.

Magendie, who is generally considered an authority on the subject, gives the following formulæ:—

"*Solution of* acetate *of morphine.*—Acetate of morphine, 16 grains; distilled water, 1 ounce; acetic acid, 3 or 4 drops; alcohol, 1 gros. The last two are added to keep the salt in solution.—The dose is from six to twenty-four drops.

"*Solution of sulphate of morphine.*—There are some patients who cannot bear the acetate of morphine, but receive benefit from the use of the sulphate. In these cases a solution must be made similar to the preceding, only using the sulphate in the place of the acetate, and sulphuric acid instead of acetic."

The muriate of morphia is much more generally used in this country than the sulphate, and the solution may be made in a similar manner, omitting the muriatic acid, which in excess renders the morphia less soluble. But some chemists, as we are informed, prepare the solutions of morphia in the proportions of 8 grains to the ounce, and others keep it the same strength as laudanum, which is about 4½ grains to the ounce.—It is evident, therefore, that when these solutions are ordered, unless the strength is specified, there can be no security for their uniform preparation.—This subject is one which, among many others, demands the attention of the Pharmaceutical Society.—*Phar. Trans.* Oct.

HONOUR AMONG THIEVES.

A gentlemanly warfare, marked by the weekly interchange of the most courteous language, is going on between Mr. Wakley and one of his hacks of all work, who recently set-up shop on his own account. We give a few specimens:—

Dr. Peter Slop, *(Minor).*

The fact is, the editor of the "Lancet" is "a man of science on his last legs;" the respectable portion of the medical community will not read a work which is utterly worthless in a scientific respect; on the other hand, since the editor of the "Lancet" has been recently elevated into a higher station in society, his "occupation's gone;" his recent dignities prevent him from pursuing his old game of calumny and abuse; hence the class of readers who delight in such delicacies *has* also fallen off, and now patronise the "Satirist" or the "Town."

Clodius Wakley, *(Scavenger).*

We cannot condescend to notice the *foul* misrepresentations which are inserted in such a *truly despicable* publication. They cannot injure any one. So *really impotent and imbecile* are *such beggarly slanderers*, that a cur dog would not take the trouble to bark at them.

Again: Dr. Peter Slop referring to the following notice of Wakley to a correspondent:—"X. Y. The circumstance alluded to by our correspondent, probably depends upon some disorder of the digestive functions. The state is not uncommon in those who eat too much animal food. If it give rise to any inconvenience, the boy should be placed under the care of the family medical attendant. Could X. Y. leave a little of the fluid at our office?"—calls his old master *who fed him so long*—"a new Urine Doctor"—and congratulating him on his new avocation, says:—"*We have a thimbleful at his service.*" Beastly!

An ex-Member of the Prov. Med. and Surg. Association.—The *disreputable* person to whom our correspondent refers is too well known in London to injure any person by his *impotent calumnies and misrepresentations.* Mr. L. would stand unmoved against the attacks of a million of such *literary assassins.*

Again:—*The cripple* had better take care of his *siller*, or when it is too late he may find himself hobbling about within the walls of a certain mansion in Whitecross-street. We shall tread upon the *reptiles* in due time.

"Like master, like man," is but half the truth. Dr. Slop is as superior to his master, as Irish to English Billingsgate. All we say is, "*Ite capillæ.*"

TO CORRESPONDENTS.

W. K.—*No person from our office was authorized by us to use the gentleman's name (referred to by our Correspondent) at the Medico-Chirurgical Society.*

Inquirer, Crito, H. B.—*No room; other Correspondents not decided.*

Dr. P.'s *paper is too long.*

A Friend.—*Without meaning any disrespect to Dr. Weatherhead—of whose unostentatious learning and professional merits we entertain a very high opinion, we must inform our Correspondent, that he has nothing whatever to do with the Editorship of this Journal; we cannot satisfy "A Friend" further, and beg to add, that this is the last time we shall refer to this subject.*

'A Constant Reader.'—*We should have thought the Cod Liver Oil was not such a rarity by this time. Our Correspondent may procure it at Hodgson's in the Strand, or Bell's, in Oxford Street.*

Mr. F. G. H., and Dr. P., Birmingham; Mr. H., Nantwich; Mr. P. G. F., Newark; Mr. G., Stockton; Dr. H., Nottingham; Mr. P. T., Norwich; Mr. B., Nottingham; Messrs. T. N. and F. G. H., Glasgow; Mr. B. P., Galway, *safely* received.

A. B.—*Though we have not analyzed Mr. Inglis's brown bread, we can answer for its possessing not only the good quality our Correspondent inquires about, viz., exemption from alum, but also that of easiness of digestion.*

"Kay on Wounds" *in our next.*

We shall commence the New Year, by presenting our younger friends the first fasciculus of "The Student's Note Book."

Vols. I., III., and IV., are now ready, price 7s. 6d. each.—Vol. II. will be ready shortly.

We omitted last week to mention, that Mr. Barry's paper on a new antidote to corrosive sublimate, was one of several interesting papers read at the weekly meeting of the Pharmaceutical Society.

THE MEDICAL TIMES.

Saturday, December 25, 1841.

Quousque tandem abutere, Catilina, patientiâ nostrâ?

In selecting for our motto Tully's celebrated apostrophe to Catiline, we are far from wishing to compare that would-be incendiary of Rome with the Honourable Member for Finsbury. Catiline, it is true, was a sneaking, crafty, unprincipled scoundrel, but there was yet a moral greatness in the man, that raised him above the contempt of even those who were obliged to give him their hatred; he was truthful, at least to his faction; he never felt the moral cowardice that could make him slink out of a plighted engagement: though his means, like his ends, were base and immoral, they were ever above the mean expedient of a petty felony—in short, he was base and vile; but there was a greatness and honesty about his very villany, that saves him from the injurious comparison. We would much sooner compare the Honourable Member to Clodius—the noisy and brutal Clodius—but even here, entire points of comparison fail us. If Clodius was coarse to excess, there were times when he offered some glimpse of the gentleman. If a persecutor of men of genius, he made no pecuniary speculation of his violence; and if unpatriotic while unpopularly factious, his facetiousness ruined none more effectually than himself.

Entertaining such uncomplimentary opinions—opinions that have not grown upon us yesterday—Mr. Wakley found us, we confess, still unprepared for the last—we say *last* tremblingly, for the man is a racer in misdeeds—the last act of turpitude which has marked his connection with the profession. Mr. Wakley—we now announce it authoritatively—has betrayed us on the Anatomy Bill! Prepared almost for anything from that honourable quarter, this result, we repeat it, has surprised us. We were not ignorant of the Hon. Member's anxiety to shrink from the responsibility of amending that Act, which in its actual working is incontestably the source of deep and irreparable injury to the interests of British medical science. We knew well that the introduction of such an amendment would have required a public disclaimer of his participation in the prejudices of the less enlightened Chartists as regards the examination of the human body for the advancement of science; and we were not unaware that the honest performance of his duty to us might have affected that spurious popularity—if the honourable gentleman possess even that—which arises from a servile obsequiousness to the worst prejudices of the uninstructed. We knew all this, but considering on the other hand how much our profession had done for him, removing him from the fetid atmosphere of a garret to the clear-day of a square, successively making him, from a penniless adventurer, a Member of Parliament and a Coroner; considering likewise the naked justice of the claim which our body were making to his services, and its essential connection with the advancement of science, and the well being and *safety* of society, we were irresistibly hurried to the conclusion, that if the man could be mad enough to think of outraging the whole medical community for the high meed of some half-dozen Chartists' good opinion, he could still never rise to such an altitude of moral turpitude as to badge himself at once *double apostate*—traitor at the same time to the body that made him all he is, and to the people he pretended to serve. But the Honourable Member for Finsbury has a moral courage in infamy, which we dared not—before his teaching—predicate of any man. Prepared almost for anything from him, he has still deceived us.

There is no necessity of our exaggerating the importance of amending the Anatomy Bill. The medical teacher, the pupil, the practitioner, the patient, society from its outmost to its inmost circle, all alike are interested in it. What is the amendment we wish? Practically this—we wish our anatomical schools to be secured of their existence, anatomical lectures to be certified of uninterrupted continuance; we wish our country to be made as favourable as the most favoured, to the progress of medical science; to see surgery and medicine, with all their vital dependencies, oppressed with no difficulties that are not essential; we want our pupils to find at home the scientific facilities they have now to seek abroad; to have them provided at home with as abundant a supply of subjects as the most favoured *élèves* of France enjoy; we want to guard against new races of resurrectionists and Burkers; in short, we ask facilities for science—safety for society.

This is what we wish—this is what the profession wish—but if we wish it, we must not go to Mr. Wakley. The truth is avowed, and let it be proclaimed. The profession—it is Wakley's own practical announcement—has no representative in Parliament. Notwithstanding our personal exertions—notwithstanding our election subscriptions—our medical representation, like our medical Coronership, is a farce!

And what are the all-absorbing, the overwhelming reasons which induce this chaste specimen of exuberant gratitude to set himself against the requirements of the profession? The Chartists—we give shortly his own words—The Chartists "are prejudiced, and Mr. Wakley has not the hide of a rhinoceros!" Mr. Warburton, a non-medical man, a Liberal too, achieved in 1833—a time of popular commotion—the immense innovation of passing an integral Anatomy Bill. Mr. Wakley, acknowledging the need of an amendment to that Bill in 1841, avows himself too cowardly to perform the duty! *"The Chartists are prejudiced, and Mr. Wakley has not the hide of a rhinoceros!"* In sober truth, we believe not. Whoso saith he hath, calumniates that comparatively thin-skinned animal. The rhinoceros may lend its hide to the crocodile, both these be encased in twice and thrice-bound brass, these again in marble, adamant—all that poet's thought has conceived of thick and impenetrable, and the hide of the Honourable Member for Finsbury will stand unrivalled yet! Sensitive, much-injured man! With a skin within a hundred degrees of mortal susceptibility, the Hon. Editor could not have borne for an hour—and lived—the stinging sense of villanous ingratitude with which every remembrance of self must scourge him, and the boiling hate and blistering contempt which—the gift of an outraged and betrayed profession—clings about him like another garment of Nessus. Indeed—indeed, Mr. Wakley, thou has not "the hide of a rhinoceros." If we thought thou hadst, we should deal thee a milder measure of severity—a measure more proportioned to thy relatively diminished powers of endurance than to thy well-known deserts!

It is reported—the thing seems incredible, but 'tis told on good authority—that this Maroto of the profession, standing yet in those ranks whose interests he has so palpably betrayed, seriously talks of taking the affair of our Parliamentary adjustment into his own hands. Nay, we

are told on the very best authority that the day he was rejecting the profession's demand to amend the Anatomy Bill, on that very day he was preparing an Act of Parliament for the regulation of the whole medical profession! For cool barefaced impudence and easy impertinent assumption, this gentleman of Finsbury is certainly matchless. After so base, so flagrant a betrayal, we question if there be five members of our body who would intrust with him the trusteeship of a £20 annuity; yet, honoured by his own especial invitation, Mr. Thomas Clodius Wakley coolly steps forward and tells us that he has condescended to take the reform of us, root and branch, into his own clean hands! What could he have said more if he had really done some grave service to the profession, won its respect, or secured its confidence?

We shall not now discuss the merits of the Bill he thus barefacedly obtrudes on the profession's notice. The chances are ten to one that, by the meeting of Parliament, it will have quietly relapsed into nonentity. We shall just dismiss it with the passing remark, that while excessively suspicious flowing from such a source, it can never have what is the first ingredient of success in measures of medical reform —the confidence of the profession.

Timeo Danæos et dona ferentes.

At another time we should probably have stopped here, but we cannot close our year's account with Mr. Wakley without whispering in his ear a truth which tortured consciousness has already darkly shadowed out to him—*that his race of impunity is run!* At length made amenable to justice, there is now a tribunal erected before which even he can be dragged; there is at length a lash wove with which even he can be scourged;—the science, the honour, the character of the amiable, the learned, and the good, no longer lie, thank Heaven! at the brutal caprice of a mercenary press brigand. In his baneful career of public and private professional mischief, there was no brilliancy of genius, no purity of virtue, no profundity of science, no venerable extent of experience which could serve as a protection against his Vandal hostility. Pure scientific merit—as if a reproach to his own ignorant business-craft—was the sure provocative of his malicious and unwieldy pugilism. No pleasure so exquisite for his vulgar mind as mischief, discord, and rancorous personal contention has been the main study of all his public efforts. Too long has the noisy calamity been allowed to trample with Gothic violence on all that took the aspect of high science: too long has he been allowed to act the huge moral quack of a duped community—the make-believe of imaginary maladies—the puffing pretender to miraculous cures: too long has his erratic career been suffered to throw discredit and disaster on the whole professional body; and far too long has he been permitted to prey upon it, as much to his own profit as its ruin. But the cycle of his power is at length, thank Heaven! rolled by, and the hour of retribution is come. If there have been some men—and let our concluding warning haunt the Honourable Member—if there have been some men delicate and sensitive to a fault, who, like Jobyns, have sunk under his brutal attacks unavenged into premature graves, there are those living who will not so descend into theirs.

TETANUS.

By W. T. KAY, Esq., M.E.S.L., &c.

Its Symptoms and Varieties—Causes—Diagnosis—Pathology—Treatment: opium; bloodletting; warm-bath; cold-bath; wine; mercury; purgatives; digitalis; tobacco; musk; prussic acid; belladonna; carbonate of iron; oil of turpentine; strychnia; surgical expedients; general rules.

The name Tetanus is derived from *tenio*, to stretch. Tetanus is defined by all authors to be a more or less violent and extensive contraction of the muscles of voluntary motion, attended with tension and rigidity of the parts affected.

The excessive contraction of the muscles is generally kept up, without any intervals of complete relaxation; in which respect the disorder differs from ordinary spasms and convulsions, where the contractions and relaxations alternate in rapid succession. In tetanus, the powers of sensation and intellect also remain unimpaired, in which particular it forms a contrast to epilepsy. There is no difficulty in recognising the disease when it is fully formed; but it is of much importance to be aware of the marks of its approach, and of its earliest symptoms, in respect of the treatment to be then adopted.

In general, the muscles that seem to be the earliest affected are those of the neck, jaws, and throat. The patient feels a difficulty and uneasiness in turning or bending his head, and supposes that he has got what is called a stiff neck. He finds also that he is unable to open his mouth with the customary facility. At length the jaws close; sometimes gradually, but with great firmness; sometimes (it is said) suddenly, and with a snap. In four cases out of five, the disease begins in this way, with *trismus* or *loched-jaw;* so that this last is the vulgar name for the complaint. Along with this symptom, or very soon after it, the muscles concerned in swallowing become affected; and in a short time there comes on, what is often the most distressing part of the disorder, an acute pain at the lower part of the sternum, piercing through to the back. This depends, it can scarcely be doubted, upon cramp of the diaphragm. As soon as this pain commences, the spasms of all the muscles about the neck become exceedingly violent, and the head is drawn backwards or forwards, according as the contraction of the extensor or flexor muscles happens to be the strongest; but in the majority of cases the head and trunk are pulled backwards, and the contractions increasing in force, the body is frequently raised in the form of a bow, resting upon the head and feet alone, a state which is more particularly denominated *opisthotonos*. At the same time, the muscles which close the lower jaw, and which were affected with spasm and rigidity at the very beginning of the disorder, now contract with great power, so as to maintain the lower jaw-bone inseparably applied to the upper—the last state, which has been considered as a particular affection under the name of *trismus* or *locked-jaw*. In a few instances the body is bent forwards, so that the head and knees are in contact, and the patient is rolled together like a ball. This is called *emprosthotonos*. I saw a case of this which occurred in a fisherman, who in opening an oyster lacerated his hand, tetanus followed in two days from the receipt of injury. Still more rarely the body is bent to one side, this is *pleurosthotonos*, a very good example of which occurred at the hospital last March, where the body was bent both forward and laterally.*

When the disease reaches its most violent stage, the flexor muscles of the head and trunk contract so powerfully, that they counterbalance the force of the extensors, and hold those parts in a straight, fixed, immoveable position. This is the condition to which the appellation of *tetanus* more particularly belongs.

The continuance of the disease leads to increasing spasm of the diaphragm, which now returns every ten or fifteen minutes, and is instantly succeeded by a stronger retraction of the head and rigidity of the muscles of the back, and even those of the lower extremities. A violent stabbing-pain is felt in the situation of the diaphragm; and if the disorder increases, comes on at shorter and shorter intervals. The abdominal muscles are also strongly contracted, so that the belly feels as hard and tense as a board. By the violence of the contractions, indeed, the recti muscles have been known to be lacerated.

It is well to know that the varieties before alluded to occur, and may be looked for; but in all of them—tresimus, opisthotonos, emprosthotonos, or pleurosthotonos—it is the same disease; during a fit of exacerbation, the aspect of the sufferer is often frightful. The forehead is corrugated and the brow knit, the orbicularis muscle of the eye rigid, the eyeball motionless and staring, the nostril spread, the corners of the mouth are drawn back, the set teeth exposed, and all the features fixed in a ghastly grin—the true *risus sardonnicus*.

So *violent* are the contractions sometimes that the teeth have been broken by them. There is one case on record in which the thigh-bones were fractured by the forcible action of the femoral muscles.

With all this disturbance of the muscular system, there is commonly very little derangement of the other functions of the body. The disorder is almost always attended with obstinate costiveness; partly, perhaps, from the spasmodic closure of the anus, partly, perhaps, in some cases, from the medicines that are given. When stools are obtained they are usually very offensive and unnatural. There is no fever; the pulse and respiration are quickened, and a sweat frequently breaks out, during the exacerbations, from the pain and anxiety then experienced; but this is not the case during the intervals between the paroxysms. What is still worthy of observation is, that the mental functions are unaffected. There is seldom any delirium or coma, or disturbance of the intellect. When death occurs suddenly, as it sometimes, nay, invariably does, in a paroxysm, it is owing, in all probability, to spasm of the respiratory muscles, and perhaps those of the glottis among the rest.

Causes.—Most cases of tetanus may be traced to one of two causes—which are, *exposure to cold*, especially to sudden alternations of temperature, and *bodily injuries*. In many instances both these causes co-operate in producing the disease. When it supervenes upon some bodily hurt, it is called *traumatic* tetanus; when it arises spontaneously, or after exposure to cold, it is held to be *idiopathic*. In this coun-

* Medical Times, Vol. V., page 52.

try, and I believe in every other, the traumatic tetanus is much more common than idiopathic; but tetanus is far more frequent in hot than in temperate climates. Thus it is stated, that after the battle of Muskau, in the midst of great heats, very few of the French troops were affected with tetanus; whereas those who were wounded in the battle of Dresden, when the weather was cold and wet, just after a very hot season, were decimated by that complaint, which did not spare even those who underwent immediate amputation.

Idiopathic tetanus is extremely rare in this country; however, a case occurred at St. George's Hospital a short time ago, from exposure to the cold damp night air.

Traumatic; this form of the disease is liable to follow hurts of any parts of the body, and of every kind, degree, and extent; from a slight cut or scratch, to a compound fracture, or a severe surgical operation. It comes on also in various stages and conditions of the injury. Sir James M'Gregor tells us,* that in the Peninsula war the complaint supervened in every description, and in every stage of wounds, from the slightest to the most formidable; the healthy and the sloughing; the incised and the lacerated; the simple and the most complicated. The wound has generally healed completely before the commencement of the attack of tetanus. It has been known to arise from the sticking of a fish-bone in the fauces; from a slight wound of the ear by a musket-shot; from the mere stroke of a whip-lash under the eye, although the skin was not broken; from cutting a corn; from a bite on the finger by a tame sparrow; from the blow of a stick on the neck and on the hand; from a seton in the chest; from the extraction of a tooth; from the injection of a hydrocele; from the operation of cupping.

Nevertheless there are some sorts of injury, and some parts of the body, more frequently than others concerned in the pathology of tetanus. The disorder more often supervenes upon injuries of the extremities, than of the trunk, head, or neck; and upon wounds made by puncture, than upon most other hurts. Penetrating wounds in the sole of the foot, such as are often inflicted by treading upon a nail, or a splinter; and laceration or other violence done to the muscles that constitute the ball of the thumb, are very apt to be followed by tetanic spasm. Some have supposed that the disease has some special connexion with injuries of tendinous parts; but there can be no doubt that it is essentially a malady of the nervous tissue.

Although, rather out of place, it may be as well to mention another variety which occurs, I mean, "Tetanus Infantum." It attacks newborn infants under nine days, and seldom at a later period. It is so very fatal in the colony of British Guiana, that, at an average estimate, it destroys one-half of the infants which are born there; and I have been informed that nearly the same proportion is destroyed by it in he neighbouring islands. On certain estates of Demerara it is not unusual to dip the infants in cold water, and wash them therewith, immediately after their birth; and when this is done very few are lost, while many die on the adjacent estates where no use of cold water is made.

It occurs in this country at times; but so rarely as to be seldom recognised, and is for the most part set down under the title of convulsions. Still, however, there is no doubt that its occurrence here is much more frequent than is generally supposed.

Dr. Hancock† considers the chief and essential cause of tetanus infantum to be an irritative impression made on the nervous system by the compression of the umbilical cord, in consequence of the ligature which is applied to it at the birth—a practice, which he considers both unnecessary and uncalled for. The practice of applying turpentine, laudanum, and other stimuli to the cut end of the cord, presupposes an irritability or susceptibility to impressions in that portion of the cord remaining attached to the child. May not the disease be prevented by applying a cautery to the cord, after being cut, instead of tying it with a ligature? The Indians of Guiana apply a piece of coal, heated to incalescence, to the end of the cord, and leave it without a ligature; and, as before observed, very few instances occur of tetanus infantum among them.

The tetanic symptoms occur at no fixed period after the reception of the injury. Professor Robinson, of Edinburgh, was once at table when a negro servant lacerated his thumb by the fracture of a China dish. He was seized with convulsions almost instantly, and died, with tetanic symptoms, in a quarter of an hour. In general the tetanus supervenes between the fourth and the fourteenth day after the infliction of the injury: some time in the second week is the most common period of all. The longer, however, that the disease delays its assault, in these traumatic cases, after the reception of the local injury, the milder in general does it prove, and the more room is there for hoping that it will end favourably.

When the disorder arises from exposure to cold and damp, it comes on much earlier; often in a few hours. If, for example, the exposure takes place during the night, the complaint may begin to declare itself the next morning.

The idiopathic tetanus, although it commences earlier, is more generally of a chronic character than the traumatic; that is to say, the spasmodic contractions take place more slowly, and the paroxysms do not increase in violence, and in rapidity of recurrence, as they are apt to do in the symptomatic variety; and accordingly this form of the malady is much oftener, I dare not say cured, but recovered from, than the other.

Concluded in our next.

CASE OF TETANUS,

WITH OBSERVATIONS ON THIS AFFECTION GENERALLY.

To the Editor of the 'Medical Times.'

Sir,—As the accompanying notice of a case of Tetanus, with some general remarks, may be deemed of interest, I would feel obliged by your giving them a place in your next publication.—I have the honour to remain, Sir, your much obliged and obedient servant,

J. B. Thompson, A.B., M.D.,
Surgeon, Accoucheur, &c. &c.

No. 33, Upper Gower Street, University College,
December 10, 1841.

John Sullivan, ætat. 29, a public-house proprietor, of good robust general health, was in the summer of 1835, while assisting in the act of getting a puncheon of whiskey off the dray, caught between the end of the puncheon and the kerbstone of the footway, the other assistants having incautiously allowed the puncheon to slide off too suddenly, and before he was made acquainted with their having done so; the whole weight consequently pressed upon him, and his *index*-finger of the right-hand was shattered, about the middle of the second joint; the bone was actually pulverised, and the finger was only kept together by the portion of skin and muscle which happened to have remained whole.

This occurred on the Saturday evening, and the man suffered the most excruciating pain during the latter part of that night, and got hourly worse, all the aggravated symptoms of this complaint presenting themselves, such as spastic rigidity of the muscles of the neck, the body being forcibly drawn forwards; difficulty in swallowing; the abdominal muscles strongly retracted; suppression of urine; eyes fixed; tongue protruded; forehead corrugated; frightful distortion of the whole expression of the countenance; occasional violent and sudden contractions (often causing the patient to scream most piteously) of the parts particularly engaged in this rigid state; the respiration and circulation very greatly disturbed; the former seemed purely effected by the diaphragm.

I visited this patient on the following morning, and suggested to the friends the only remedy which I thought would give the patient a *chance of his life*. This was the removal of the finger beyond the point lacerated or injured; but the friends objected, and, of course, the operation was not attempted, and the poor man died in about thirty-two hours from the occurrence of this unfortunate accident.

I was denied a post-mortem examination, for which I was most anxious, in order to examine the particular parts engaged in this disease, more especially the heart, brain, and lungs. I was led to suppose that there was effusion on the brain, from the unusually dilated state of the pupils, that of the left eye in particular. Why this difference, as to the dilatation in the right and left eye, I cannot take upon me to offer an opinion; but it struck me as being very remarkable; the injury, too, occurring in the right-hand. Perhaps some one of your many contributors may be disposed to throw some light on this subject, as I do not feel disposed to connect this peculiar occurrence with the generally-supposed decussation of the optic nerves. Could there be any physiological information derived from the recent discovery of Dr. Marshall Hall, on the reflex action or function of nerves in such anomalous occurrences as the foregoing? I would here also wish to ask, what may be the chances of an operation at the period at which I saw this patient? My own feeling would lead me to suppose it would have been very doubtful. Still I may be permitted to add, that under the circumstances there was nothing else that I could with any propriety recommend. There was some opium, &c., administered to this patient before I had seen him; but it was impossible to get him to take anything at or after I visited him. The teeth were firmly clenched together, not admitting of the *spatula* to get between.

The foregoing case of the man, Sullivan, differs in one material point from cases of traumatic tetanus in general, namely, in the suddenness of the aggravated and fatal symptoms. It is a peculiarity in this disease, well worthy of notice in a practical point of view, that it does not present itself at the early inflammatory, suppurative, or sloughing stage of a wound or injury, but more frequently at a remote period, when the part injured may have been healed over, and when the surgeon may have considered his patient as convalescent; or, if an hospital patient, may be about to discharge him or her. In illustration of this peculiarity in tetanus, I may be permitted to mention the following case which occurred about seven years ago:—A young man, nineteen years of age, of nervous temperament, but of good general health, a stable-boy at an hotel, received, while in the act of grooming a horse, a kick in the left knee, the cock of the shoe laid open the joint and lacerated the integuments; severe inflammatory symptoms followed, but by active antiphlogistic remedies, and attention to the constitution generally, these acute symptoms were subdued, and the wound was healed over in about the fifth week, when it was thought desirable to recom-

* Med. Chirg. Trans., vol. vi.
† Medical Times, vol. i., page 84.

mend this patient to go into the country for the benefit of his general health. But just the day but one previous to his intended departure, he complained of stiffness about the muscles of the neck, and from that moment all the symptoms previously alluded to began to present themselves; he became restless at night, requiring anodynes, with morphia. The muriate is the most preferable in these cases, I am of opinion; mercury was used by friction along the spine, the inside of the thighs, and under the arms, with small and frequently-repeated doses of calomel, with opium, to prevent its passing off by the bowels, together with its sedative effect. Camphor mixture and the spirits ammoniæ aromaticæ occasionally: this treatment was pursued for about ten days, when the tetanic tendency seemed to gradually disappear. This patient was discharged cured in about a fortnight after all medicines had ceased to be given. He was kept in on purpose to see, whether any of the symptoms should again exhibit themselves, as it is by some surgeons supposed that there is a tendency in this affection to return. He was quite convalescent when discharged, and did not seem to suffer in any degree from the previous active treatment pursued, as is supposed by some medical men. The period at which this affection more generally presents itself varies from a few days to fifteen or twenty-one days, from three to five and six weeks, and to even more remote periods. However, I am disposed to look rather favourably on a case going beyond the third week; at least, I am inclined to think that the remoter the period, the more mild or modified will be the attack, indeed rarely fatal, if actively treated at first. As to the causes of this disease, there are a great variety, and some of a trivial nature; it has been known to occur in a negro from the lash of a whip. Pieces of glass, wood, nails, pins, &c., sticking in the hands or soles of the feet, or under the finger or toe-nails have produced this disease. The more aggravated exciting causes, are vicissitudes of temperature; injuries or lacerations of nervous or tendinous structures; punctured wounds; irritating substances in the stomach and intestinal canal. I have seen tetanus in a modified form in a lunatic, proving that affections of the mind predispose to this affection. I have also seen it in persons where the autopsies proved that abnormal depositions or growths of a bony or cartilaginous structure gave rise to this disease, particularly when these foreign bodies, if I may be allowed to call them so, by their presence and consequent pressure on the brain or spinal marrow, operated, no doubt, as a proximate cause in the production of the modified tetanic symptoms, which exhibited themselves during the lifetime of the patient. As to the mode of treatment, it no doubt must vary according to the circumstances and previous history of the patient, removing as early as possible the obvious exciting cause; next to this, I believe that the treatment pursued in the preceding case, is found to be the most generally resorted to, and from what I have seen or read the most successful. Tobacco enemata are spoken of, and may no doubt be useful. I think the cold bath or douche are rather doubtful, and certainly unpleasant to the patient. Our object should be to allay the generally excited state of the brain and nervous system, and in carrying this view into effect, we must often commence by exciting as it were a new and powerful counteraction, as if to supersede the primary or diseased one. This is, I apprehend, the view with which mercury, tobacco, musk, camphor, and opium, with other powerful antispasmodics, are so generally recommended. In cases of punctured wounds producing this disease, it is desirable to dilate freely the original injury or puncture; and in cases arising from any local irritation, no time should be lost in severing the nervous communication with the brain and part engaged, the earlier the better.

As to the use of stimulating or antispasmodic liniments or applications, I have never, even in extensive hospital practice, in civil or military departments, seen any beneficial results; I would rather be inclined to look upon them as worse than useless, for while the surgeon may be getting these ready for use, he may, in my opinion, be much better employed in attending to more salutary remedies, and what are known to be attended with much more efficacious and beneficial results to persons who have been the subjects of this disease.

EXTRACTS FROM THE GERMAN JOURNALS.

Singular Case of duplicity of the Vagina, the Neck of the Uterus, and probably of the Uterus itself. By Dr. Fricke.—M. C. B., 21 years of age, of a strong constitution, but labouring under curvature of the spine, from having constantly carried children on her right arm, began to menstruate in her 14 year, and was deflorated in her 18th; since that time she has frequently had connection. Two years since she contracted syphilis, of which she was cured in two months. On the 17th of September, 1840, she was admitted into the venereal hospital for a recent affection, which had existed about three months. On examination we discovered that the vagina and neck of the uterus were double, which the patient herself had hitherto been ignorant of. The *labia majora* were strongly developed, but natural; between which projected the left *nympha*, very voluminous, and covering over the right, which was more deeply concealed. On separating the *labia minora*, we discovered at the entrance of the vagina, a fleshy cord of a pale red colour extending from before backwards, from the posterior surface of the urethral canal to the posterior wall of the vagina; the inferior edge of this cord was free and convex; it bifurcated a little in front to embrace the *meatus urinarius*, near which it was from an inch to an inch and a quarter in thickness; it became thinner towards the centre, but again enlarged posteriorly, where it formed a convexity towards the left, and was inserted to the right of the median line in the wall of the vagina. This fleshy process constituted the lower edge of a partition, two lines in thickness, which divided the vagina in its whole length into two canals, of which the right presented the dimensions of the ordinary vagina, and had always, according to the patient, been used for coition. At the bottom of this canal, we perceived a neck of the uterus having a rounded orifice about a third smaller than in the natural state. The external opening of the left canal is placed rather more posteriorly, and the canal itself, larger than the right, easily permitted the introduction of the finger and even of a small speculum. By means of this instrument we discovered another neck to the uterus, which was still smaller than the right. A sound introduced into the orifice of the right uterus penetrated for three-quarters of an inch; whilst another introduced into the orifice of the left, advanced from an inch and a quarter to an inch and a half. The extremities of these sounds in these two cavities did not touch one another. A finger being introduced into one of the *vaginæ*, we ascertained that the necks of the uterus were separated by a space of half an inch. On exploration through the *anus*, we perceived a connecting process between the two portions of the vagina, running upwards for more than an inch.

M. Fricke has promised further communications on this interesting case; he is not yet aware whether the menstrual secretion took place on both sides.

New Operation.—*Cure of Strabismus in a slight degree without division of the muscles. By Professor Dieffenbach.*—When strabismus is not greatly marked, it may happen that by the division of a muscle, the eye may be carried on the opposite side by the antagonist muscle, and that for instance a slight strabismus inwards may become, by the operation, strabismus outwards; to avoid this great inconvenience, M. Dieffenbach has had recourse to another operation, which consists in taking up a fold, of several lines in breadth, of the conjunctiva, and excising it as well as the cellular tissue on the outer side of the globe of the eye, close to the insertion of the external rectus muscle; if the strabismus is inwards, he raises the conjunctiva with a small hook, forming a fold, and then cuts it off with a pair of curved scissors: it is indispensable to remove a portion of the ocular conjunctiva. If this slight strabismus is outwards, he employs the same operation, only in performing it on the inner side, it is necessary to remove a larger portion of the conjunctiva, for according to the author strabismus inwards is owing to the predominance of the action of the internal rectus muscle over the external, which remains in a natural condition; while strabismus outwards is not caused by the predominant action of the external rectus, but by paralysis, or at least debility of the internal rectus. The after treatment presents no peculiarity; the wound is dressed with cold water; the cure is then evidently caused by contraction of the conjunctiva. The author has also produced the same result, especially in slight strabismus outwards, by cauterizing the conjunctiva of the opposite angle of the eye. In these cases M. Dieffenbach attributes the cure not only to contraction of the conjunctiva, and thickening of the subjacent cellular tissue, but also to the stimulation of the weakened muscle. A single cauterization sometimes suffices for straightening the globe; we must in this case apply cold water immediately after employing the caustic. M. Dieffenbach has never seen acute inflammations result from cauterization.

Cure of Obliquity of the Nose by Subcutaneous Section of the Cartilage. By the same.—In two cases of well-marked obliquity of the nose occurring in young men, M. Dieffenbach performed the subcutaneous section of the cartilage: in one the deformity was caused by a fall; in the other it was congenital. The cartilaginous portion of the nose was so perfectly flattened against the cheek, that the two nares seemed placed one upon the other; the superior was closed, the inferior dilated. With a straight-pointed knife, he pierced the dorsum of the nose, at the point of junction between the cartilage and nasal bones, and detached, beneath the skin, the *alæ* and *septum* of the cartilage, on both sides, from its connection with the bone. The extremity of the nose was then easily placed in its right position, and maintained there by the aid of agglutinative bandages, and pads of lint introduced within the nares. The operation was perfectly successful; the deformity has so much diminished, that these young men are scarcely recognised by their friends. No inflammation or suppuration took place.

Fracture of the Olecranon, and of the Patella, cured by division of the Tendons. By the same.—In cases of non-consolidated fractures, in which, rubbing together of the osseous fragments, and the application of suitable bandages, had been already employed without benefit, M. Dieffenbach has had recourse to division of the tendons, which has often been followed by complete success, or at least by great amelioration. In a man, 40 years of age, a fracture of the olecranon was followed by a false articulation; the broken ends of the bone were rubbed toge-

ther till acute pain was produced; the tendon of the triceps was then divided, and a starched bandage was applied to the flexed arm. The apparatus was renewed, and the friction of the bones repeated every fifteen days; at the end of three months the olecranon was consolidated. In transverse fractures of the patella, where the broken portions were widely separated, M. Dieffenbach divided the ligament of the patella and the tendon of the *rectus* muscle of the thigh three inches above the patella, for fear of opening the capsular ligament. The broken portions were drawn together and rubbed one against the other; a firm bandage was applied, the straps being lined with wool; the superior strap passing above the upper fragment served to keep it down, while the inferior passing beneath the under portion, tended to raise it upwards, there was but little pain and no suppuration. The intermediate substance between the broken portions of the bone inflamed a little, and formed a tumour under the skin. At the end of a few months there was a marked amelioration, the fragments *of the bone being nearly united.*

Dr. Hofer reports a case of a young peasant girl, 20 years old, on whom, at the autopsy, there was found an hydatid in the left Fallopian tube. No moral cause could be given in explanation of the girl's suicide.

Dr. Gluge, in reference to what has been said by Malpighi, Rudolphi, and J. Müller, on small white granulations being found in the spleen, says, that after much examination, he has come to the conclusion that they are either *miliary* tubercles, or else the genuine little bodies so well described by Malpighi as to have received his name, and which are like the granulations found in the milts of other animals. Professor Gluge, however, though he has paid particular attention to this subject, in all his post-mortem examinations has not succeeded hitherto in finding more than one instance of the latter kind.

Varicocele.—Besides the *varicocele* (varix of the spermatic cord) and the circocele (varix of the scrotum), Dr. Pauli considers that there is a third species of varix of the same parts which arises out of an erisypelous inflammation of the scrotum, and produces both varix of the testicle and of the spermatic cord. In treating it, he prefers to excise a portion of the dilated vein. In one case, he relates that he cut away about two inches and a half of the veins whose dilatation extended at the same time to the scrotum, the cord, and testicle. The wound did not bleed as much as might have been expected, and was reunited at the end of a quarter of an hour with six *suture* points, which were taken away two days afterwards. The cure was completed in ten days. He has successfully operated also in similar cases in the manner prescribed by Velpeau and Reynaud, which he prefers to the method recommended by Breschet.

Oil of Cod's Liver in Scrofula.—Dr. Roesch, writing in the *Archiv. fur die Ges-ammte Medicin* on Scrofula, adopts as his grand hypothesis, the fact that scrofulous humours show a predominance of acid—and recommends, after the practice of the ancients, the use of absorbents, alkalies, and greasy substances. He declares that in countries where fat bacon is used, scrofula is rare, and recommends strongly the use of cod's oil, which, while having a chemically neutralizing action, is stimulating, strengthening, and nutritious. Iodine he thinks has but a secondary utility. *(This Theory is not new, having been advanced in* 1840 *by Bauer.)*

OBITUARY.—December 8, at the house of the Linnean Society, Soho Square, David Don, Esq., Professor of Botany, King's College, London.—On board the *Rover*, Mr. J. Maclean, Assist.-surgeon

NEW RESEARCHES ON A CASE OF MAGNETIC VISION.

By DR PEISSE, of Paris.

[Concluded from our last Number.)

THESE exercises of vision were followed by some exhibitions relative to the communication of the will between the magnetizer and the magnetized, and to its direct magnetic action upon the organization of the somnambulist. I will not enter into these latter phenomena, but confine myself exclusively to the former. In this case, as with Prudence, the simple criticism of the facts noticed was not sufficient for forming a legitimate conclusion, either as to the somnambulic or ordinary vision. Without doubt, the *tout ensemble* of the whole exhibition left scarcely any doubt on our minds as to its deceptive character. The fact itself, considered with these invariable and characteristic circumstances, was essentially suspicious. In the same manner, as in the case of Prudence, every action was consistent with the supposition of natural vision, and there was nothing to induce a conviction of somnambulism. We will point out some of these motives of suspicion, several of which refer only to Calyxte, while the greater part are applicable to almost all the experiments performed lately on various subjects, for the purpose of proving this phenomenon of clairvoyance. The first circumstance to remark in this case is, supposing the phenomenon to be real, the frequency of its manifestation. The state of well-confirmed magnetic sleep is already a sufficiently uncommon occurrence, according to the most respectable magnetizers, as M. Delenge, for instance. Perfect clearness of vision, of whatever kind, or whatever may be its object, is, according to the same authorities, still more uncommon; and this phenomenon, whether by transposition of the sense, or by whatever means, is classed among the most exceptional facts. On the other hand, the realization of this phenomenon, in the subject manifesting it, supposes so profound a modification of the nervous system, that it is contrary to sense to admit of so extraordinary a state becoming habitual. Now, in M. Ricard's exhibitions, we see nothing but clear-sighted somnambulists. Independently of Calyxte, who is the principal subject, he magnetizes individuals of both sexes, taken at hazard among those spectators who may be willing, and who, after a few passes, soon manifest the whole series of somnambulic phenomena, and even profess, in some measure, to see with their eyes closed, with or without a bandage. This certainly presents a subject worthy of reflection. Besides the frequency of the phenomenon, we must also note its infallibility. The advocates of magnetism are constantly proclaiming that thefaculties of somnambulists are liable to vary considerably in their nature, especially according to the state of sensibility, and a multitude of internal and external causes; that a somnambulist is merely a living machine, and that every fresh state produced in his organization, necessarily participates in the variability of the vital actions. By these plausible considerations, they explain the non-success of their experiments. But here we have seen, for some years, the most extraordinary vital action that we can conceive, reproduced daily and at fixed hours, always with the same characters and intensity, and with a regularity and precision which would do honour to a chronometer. It is even previously announced that he is going to manifest it in such and such a manner, and this prediction always proves true! Is not this, then ,a likely circumstance to awaken suspicion? A third consideration is the perfect identity of its mode of developement and manifestation in each experiment. It is, in fact, invariably repeated with the same concomitants from first to last, without any cause of variation, whether internal or external, ever being able to interfere with its progress. No phenomenon, merely vital, physical, or chemical, ever offers such uniformity and invariableness. These previous considerations are applicable to all the facts of somnambulic vision lately offered to the examination of the learned, and especially to those of Pigeaire and Prudence. In all the experiments relative to the occurrence of magnetic vision which have been performed either publicly or before the Academies, the production of this phenomenon has always taken place under the following conditions:—1st, the objects were bright; 2ndly, they were placed within the ordinary limits of vision with respect to distance; 3rdly, they were placed directly within the ordinary ray of vision as to position; 4thly, the bodies have never been very small or fine; 5thly, the apparatus for covering the eyes was always applied immediately over the globe—every opaque body interposed at a distance between the eye and the object to be seen, preventing the phenomenon; 6thly, this apparatus did not extend beyond certain limits, and never came low down, always terminating about the alæ of the nose and the hollow of the cheek. These conditions have been invariably required in the experiments of Master Petit, Miss Pigeaire, and Miss Prudence, as well as with Calyxte and the other somnambulists of M. Ricard. One of these conditions being wanted, the phenomenon disappears. Now, if we reflect, on the one hand, that these conditions are, with the exception of the bandage, absolutely those which render ordinary vision possible; and, on the other hand, that we have only to imagine, in the covering bandage, any defect either of opacity or of position, to immediately explain the power of vision, we are naturally and invincibly led *à priori* to suspect the sincerity of the experiment, and induced to seek exclusively in the examination of the bandage the solution of the problem. Now, we have already said, that the efficacy of any covering apparatus cannot be rigorously judged of externally. We can only truly appreciate its action by applying it directly on oneself. We should then, in this examination, make use of numerous and varied means to ascertain all the derangements to which it is liable, and the manner in which these derangements may be obviated. We should also carefully note the least gestures or movements of the somnambulist, to repeat these gestures and movements oneself, to ascertain whether they are purely fortuitous, or whether they are not more or less capable of modifying the apparatus. It is especially necessary not to be guided by a single experiment hastily performed; but to make repeated and careful trials, as a fortunate chance or combination of circumstances may lead us to a right issue. It was in this way that M. Dechambre and myself discovered the inefficacy of the clay-mask used by Prudence; in the same manner, also, and still more easily, we penetrated through the mystery of the cravat and cotton employed by Calyxte. Before trying the bandage of this somnambulist, the mere observation of his grimaces, and all the circumstances of his movements, had already not only convinced us of the want of honesty of the experiment, but also to a certain point unveiled the mode of his proceeding. We had, for instance, presumed that the contortions of his face, before, during, and after the application of the bandage, could not be without their influence on this apparatus. We have observed the bandage, during these contortions, experience a considerable motion upwards and downwards; as also in rubbing his head against the back and edge of the chair, we have seen the handkerchief moved perceptibly downwards from the occipital protuberance towards the nape of the neck, and thus with some other attitudes and gestures, difficult to describe, but which did not escape our severe scrutiny. Finally, it is not uncommon to see him pull off the bandage himself, under some pretext, directly it has been applied, and thus to cause a re-adjustment of it necessary. To these general circumstances we must add some others not less important, though of another nature. He is unable to perceive objects placed above, or even on a level with the bandage; it is essential for them to be placed below it. The position of his head and body sometimes varies, according as the object is placed to his right or left, or at a greater or less distance. In fine, all these manœuvres convinced us that the somnambulist exercised his natural vision, and that he could only see things below him, sometimes with both eyes, and at others with one only. Our experiments entirely confirmed this view of the case. The following is the result:—At the first moment of the application of the bandage and cotton, complete obscurity prevailed; but after a few seconds, and

with the aid of a few contractions of the muscles of the forehead and eyebrows, a sufficient aperture was made to perceive a strong glimmer of light, sometimes to the right, sometimes to the left, and at other times on both sides, but always on the lower part, and especially about the nose. If, on throwing oneself backwards upon the chair, we cause its edge to rub forcibly against that part of the bandage passing behind the head, we shall immediately depress it towards the nape of the neck, and proportionately elevate the corresponding part of it on the forehead. Besides, it is necessary to acquire a degree of practice to ensure the requisite certainty to these different movements. The great point is to obtain the means of light during the application of the bandage, by forcibly contracting all the muscles of the head at this time, and afterwards relaxing them when the knot is tied; by this manœuvre we shall readily form spaces to admit the light under the apparatus. The eye is easily opened and closed under these pads, and its movements also contribute to remove some obstacles. By these means we were soon enabled to distinguish cards, or read words; in short, to accomplish all that is done by M. Ricard's somnambulist. Several other persons, among whom we can, with pleasure, name M. Frappart, have experienced the same success as we have done in performing these experiments. We have no hesitation in saying, that after four or five lessons, any person, provided he is not short-sighted, may become as perfect as Calyxte himself. As a general remark, we may say, that in all these trials, even in those relating to the girl Prudence, the bandage was applied with as great or even more exactness than in the magnetic exhibitions, and in exactly the same manner; and also that when the power of vision existed, the spectators were not able to discover any appreciable derangement of the bandage. We then conclude, from the foregoing remarks, 1st, that the apparatus used by M. Ricard for closing the eyes of his somnambulist, Calyxte, does not prevent the introduction of the light, and allows of the vision of objects placed in certain directions or distances; 2ndly, that as regards Calyxte, the supposition of a supernatural faculty being unnecessary, since the action of the natural faculty is sufficient for explaining this phenomenon; the fact of vision observed in this young man should be considered as a case of ordinary vision, in the production of which magnetism had no share.

It will perhaps create surprise that we have expended so much time in a research which has ended only in the discovery of a little puerile trickery; but a different feeling will be formed, when we consider that the nature itself of animal magnetism could only be ascertained by similar experiments. Hitherto, in fact, we have merely had on both sides gratuitous assertions of equal validity; we have had unbelievers as well as believers, but neither party have endeavoured to give to their negation or affirmation the character of demonstration; so that unbiassed persons, who sincerely sought the truth, had no truly positive and scientific element of certitude whereon to base their opinion. We may perhaps be allowed to say, that these experiments, at least in the two cases mentioned, leave no further room for doubt. We wish also to repeat that we entertain no theoretical sentiment of hostility to animal magnetism; we shall always consider this science worthy of profound investigation, because we believe that there are at the bottom of the abuses mixed up with it, and throwing aside the quackery surrounding it, real facts of an exceedingly curious and important character. But the more that this branch of science appears to us worthy of attention, the more is it necessary to cleanse it from all its impurities, that upright and conscientious observers may be able to approach it without the fear of contamination.

PATENT MEDICINES.—An inquest was held on Monday evening on Mary May, an infant of five weeks old, who died in consequence of being dosed with half a spoonful of Godfrey's Cordial. An unsatisfactory verdict was returned.—*Communicated.* [Will some gentleman favour us with an analysis of the deadly draught? Its public caution would do good.—Ed.]

CORRESPONDENCE.

TO THE MEDICAL STUDENTS OF LONDON.—NO. II.

FELLOW-STUDENTS.—In my last letter I made a few general remarks upon the evils of our position, with respect to the system of instruction which is now adopted in our Schools and Hospitals. However many of these evils may be attributed to the imperfections of our teachers, the more vital are so inherent in the system itself, that they cannot be removed otherwise than by its destruction. We are required by our governing corporations to produce certificates of attendance upon lectures and hospital practice; and are thus compelled to submit the time and place of our education to the control of those who cannot be considered altogether uninterested in its result; and still more, these questions of time and place are made the great test of our qualifications, in a manner absurd in reference to us, and unjust towards the public. The examination, which, when properly conducted, can be the only sure criterion of our acquirements, is made to wait upon our certificates, and to give place to them; our personal affairs are interfered with, our money laid out for us, and our attention misdirected, before the licensing faculties deem us worthy to present ourselves for their favours. Why should *not* the Student be left at liberty to adopt that course of study by which he finds he most largely profits—by which he effectually prepares himself for the most strict and practical examination which his seniors in the profession can impose? As a necessary consequence of the present system, attendance is all that is generally given, attention seldom, and by such obedience to orders, the student imagines a great part of his duty fulfilled. But if an examination of a searching kind were the sole test of his title to practise, no matter how quickly or how slowly he arrived at the knowledge requisite, or by what means, the unity and importance of the point to be aimed at would spur him on to more exertion than he now thinks needful. Many a student imagines himself half qualified by sitting in a Lecture-room, or running over a Hospital at stated hours, and with the recklessness inseparable from youth depending upon this half qualification, forgets the examination which has to complete it, or timidly attempts to lessen its risks by "Grinding." This abuse might be obviated if it were the students only who are deceived by the certificate regulations. The Examiners at the College and Hall appear to have fallen into a similar error, and to consider that the capacity of answering a few pointless questions complete the title which the student has nearly worked out by having given the attendance they have required. The public health is thus trifled with, and many worthless practitioners escaping through so loose a scutiny, are considered the compeers of the intelligent and industrious—a title which they will not hesitate to maintain by the grossest practices of imposition. Another grievance to which we are, or have been liable, is the necessity of an apprenticeship. If we have passed this ignominious æra, let us remember that numbers may still be required to give to menial and useless employments five years of that period of life which should be devoted to pursuits calculated to exercise their reason, to correct their tastes, and to fit them for the character which their birth and profession demand. A variation from this system, which is now sometimes resorted to by the more liberal practitioners, and by which they allow their apprentices a portion of these five years for further professional studies, is not legitimately sanctioned, but only tolerated by our licensing bodies. How is it that these bodies will not advance a step in that reform which they thus tacitly admit to be not inexpedient? We are now in actual encounter with evils which our predecessors have passed through, and we shall, like them, find that they have a lasting effect upon our future life. We are about to enter on a profession in which many of our brethren have imbibed, with their education, jealous and hostile feelings—where we shall be disgraced in public opinion by the ignorance of those who, by the high medical authorities of our land, have been pronounced our equals—where we shall be linked with others to whom the continued drudgery of an apprenticeship, and the harassing regulations of the Lecture System, have given no opportunity for developing the feelings and practices of gentlemen, the surest guarantee for cordial goodwill and unanimity of sentiment.—I beg to remain, gentlemen, your faithful servant,

G.

London, Dec. 22, 1841.

MEDICAL NEWS.

ANIMAL MAGNETISM.—On Tuesday, Mr. Duncan delivered a Lecture at the London Tavern, explaining, "on physiological and anatomical principles," the phenomena of animal magnetism. The Lecturer repudiated the idea of the existence of any magnetic fluid in the nervous system; his explanation of the cause of somnolency, catalepsy, and clairvoyance, was, that the muscles of the eye becoming fatigued, produce congestion of the eye-ball, then of the brain, and subsequently, as a natural result, of the heart and lungs! All that was necessary for the production of these phenomena was to have the eyes fixed upon one object until sleep was induced. The experiments which the lecturer performed to illustrate his theory were not successful. Mr. Duncan volunteered to mesmerise any gentleman present. Three persons, two of whom were medical men, submitted to the ordeal. They were seated on chairs in front of the platform, and were desired to look fixedly at a piece of cork fastened by means of tape to the forehead. After remaining in this position for a quarter of an hour they were released, and were found to be "wide awake." The experiments of Mr. Duncan are a repetition of those made by Mr. Braid of Manchester.

M. LAFONTAINE.—ANIMAL MAGNETISM.—On Saturday evening, M. Lafontaine held another *soirée mesmerique*, in the lecture-room of the Manchester Athenæum. The first subject was the young Frenchman who travels with M. Lafontaine, and who, it was stated (we believe in consequence of an indisposition), had, for three weeks past, lost his susceptibility; so that, although M. Lafontaine had repeatedly attempted to magnetise him, he had failed. The e say to day seemed partially successful. After the retirement of the boy, his place was taken by the English girl, who is also with M. Lafontaine. M. Lafontaine had been asked, by letter, whether he could not magnetise his subjects without looking at them; because, as was remarked, the looking steadfastly might be the same operation as Mr. Braid's. M. Lafontaine would, therefore, magnetise this subject without looking at her. M. Lafontaine then took his seat at her left side; and the only contact observed, was the a plication of the thumb and fingers of his right-hand to her left. In three minutes her eyes closed; her head rolled about from side to side, till she sunk back upon the chair, when it rested upon the back. There was complete insensibility to pain, in four minutes from the commencement of the operation. A quantity of snuff (Prince's mixture) was thrust into one of the nostrils, without appearing to affect her in the slightest degree. After the usual trials of pi ching, &c., the girl was gradually demesmerised, and began to

manifest the first sensations from the snuff, which had been in her nostril perhaps a quarter of an hour. She was not able to sneeze, but the snuff having penetrated to the throat, she coughed a good deal (though she said she was not aware of having any cold), and the nostril seemed to be irritated and inflamed by the action of the snuff. Her right-hand still remained insensible; her left sensible; and Mr. Catlow said, that the pulse was fuller in the left than in the right arm! but she had told him on the last night that she was subject to a palpitation of the heart.—Elizabeth Wilcock, the young lady who had been deaf and dumb nearly twenty-six years (from her fifth year), was then brought upon the platform; and the experiments which were tried, by tapping a hat held behind the ears and head, and also shouting near the ears, were repeated, and with equally satisfactory proofs that she could hear the sounds, when sufficiently grave and near the ears. Indeed, several loud sounds she could hear at a distance of several feet, particularly when the inside of the hat was held towards the ear.—The second patient was a young woman, named Margaret Whitworth, 20 years and 10 months old. When about two years and six months old, she fell, and was so frightened at the fall, that she lost her hearing. When 11 years old, she was admitted into the Manchester Asylum for the Deaf and Dumb, where she remained five years. She was brought to M. Lafontaine by Mr. Lacy, surgeon, and her mother. Previously to the first operation, it was proved that she did hear a little with the right ear only, and that very confusedly; she could hea rnothing with the left; but now she could hear equally with both. Some one asked, if she was known to be previously deaf and dumb? Mr. Mordacque, jun., said, that Mr. Lacy was a sufficiently respectable reference on this point. A gentleman present said, that he could also attest the fact of the young woman being deaf and dumb. Two gentlemen then subjected themselves to the lecturer's experiments without any answerable result.

Phrenology.—Dr. Elliotson presided over the customary meeting of the Phrenological Society, held on Monday evening at Exeter Hall. There was an interesting discussion of the relative proportions of the skulls of Blakesley and Courvoisier. In twelve measurements it was found—a singular coincidence—that they were equal. In Blakesley, the organs of destructiveness, self-esteem, and firmness were very large.

Irish Professorship.—In conformity with a by-law recently passed by the Irish College of Surgeons, to appoint a professor to deliver lectures "on the provisions required for the preservation of the health of the public, and the precautions to be adopted for preventing the extension of disease," the President and Court of Censors proceeded on Monday, in the usual manner. to elect a person to perform that duty, when Dr. Maunsell was unanimously chosen to fill the office.

Hydrophobia.—Two regulations relative to mad dogs deserve to be made known to the public. The chief medical officers of St. Bartholomew's have issued instructions to the house surgeons to inquire diligently of persons bitten by dogs, and brought to the hospital, whether they have any reason to suppose that the animals that bit them were in a rabid state at the time, or had since become so. If the patients have reason to believe that the animals were rabid, then the surgeons were to tell them that immediate excision of the parts bitten was the only means known of preventing hydrophobia. The police have the power of destroying any dog that has been bitten by another whilst in a rabid state, or indeed any dog they may suppose to be rabid, or likely to become so.

Medical Action.—At the Secondaries' Court on Tuesday, an action was brought by Mr. Mayberry, against Lord W. Paget, for work and labour done.—Mr. Burrell, the plaintiff's attorney, said the plaintiff was a surgeon, residing in Great Tower-street, and the defendant was a son of the Marquis of Anglesey. The present action was brought to recover the amount of a bill for surgical attendance upon the son of the noble Lord.—Mr. Brown proved the attendance.—Dr. R. Rowley deposed, that the usual fee given to a consulting surgeon was a guinea for each visit; and that if the medical man acts both as the apothecary and surgeon, he is allowed two guineas per week by the College of Physicians, independent of the medicine which he may supply; the fair charge for the plaintiff to make for each visit he thought to be 10s. 6d.—Mr. James having summed up, the Jury found a verdict for the plaintiff for 4l. 4s.

APOTHECARIES' HALL.

List of Gentlemen who received their Certificates, on Thursday, Dec. 9, 1841:—

Francis Southam, Peterborough; John Woodward, Bolton-le-Moors.

On Thursday, Dec. 16.

Frederick William Barton, Coventry; Benjamin Leak, Hull; Henry Graves Butt, Coventry; J. J. E. Porter, Isle of Wight; Edward Twining, London; Thomas Pat. Matthew; Horatio Girdlestone, Landford, Wilts; Robert J. Spether; Samuel Wandby.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted members on Friday, Dec. 17, 1841:—

Alexander Back; Riton Oldham; Thomas Cooper Leah; John William Sea; Alfred M'Kinley Millman; Abraham Crawford Swayne; William Boyd; John Laxon Sweet; Frederick Richardson; George Thomas Smeathman.

ADVERTISEMENTS.

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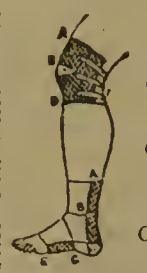

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THE MEDICAL TIMES.

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CLINICAL LECTURES ON PNEUMONIA.

Delivered in the Hospital of La Charité, by Professor CHOMEL.

LECTURE VI.—GANGRENOUS PNEUMONIA.

ACCORDING to some authors, especially Laënnec, gangrene of the lung can hardly be classed among the terminations of inflammation of this organ; it can still less be considered as an effect of its intensity; but its nature is closely allied to diseases which are essentially gangrenous, such as anthrax, malignant pustules, &c. If we confine ourselves entirely to this view, we shall have no necessity to speak of gangrene of the lung when treating of pneumonia; but the numerous researches of the present day force us to admit, in opposition to Laënnec, that pneumonia sometimes terminates by gangrene, without anything in the general state of the patient or the nature of the disease leading us to anticipate this serious result. We shall also find that in primitive gangrene of the lung, inflammation frequently forms in it an important feature.

We shall speak at first of cases where pneumonia, having appeared for some time under its ordinary form, terminates by gangrene. We find examples of this kind in the works of MM. Andral, Bouillaud, and Fournet. In a case observed at the *Hôpital des Enfants*, 1833, under the care of M. Bouneau, a circumscribed portion of sphacelated lung was found in the midst of parenchyma in a state of grey hepatization. M. Lanoix also mentions in his thesis an instance of gangrene of the lung occurring after acute inflammation. When pneumonia terminates in gangrene, we find two kinds of lesions united in the same lung,—those which characterize inflammation, and those which are characteristic of gangrene. Thus, in the 63rd case of M. Andral, the inferior lobe of the right lung presented a large cavity, with uneven parietes of a brownish colour, from whence a fetid and gangrenous odour exhaled; a pultaceous demi-fluid mass, of a dirty grey colour mixed with green, filled up this cavity, into which the large bronchial tubes opened themselves; it was merely separated from the ribs by a very thin portion of pulmonary tissue. Around this cavity which might have admitted an orange, the parenchyma of the inferior and middle lobes presented a mixture of red and grey hepatization. This is evidently a true case of pneumonia terminating by gangene, and not of pneumonia caused by a gangrenous abscess; for the local and general symptoms which the patient experienced in the first stage of the disease were entirely those of pure inflammation of the pulmonary parenchyma. It was towards the twenty-first day that the fetid nature of the expectoration proved the formation of a gangrenous abscess, and it appears incredible that a collection of this nature could have existed so many days without indicating its presence by some peculiar symptoms.

Chronic pneumonia may also terminate by gangrene; thus, in the 64th observation of M. Andral, the left lung was indurated throughout, and impermeable to the air: on being pressed between the fingers its tissue presented a degree of resistance; neither pressure nor incision caused any fluid to exude. Its colour, rather different from that of a healthy lung, was of a greyish red, and presented a great number of lines of a dull white colour, interlaced one with another, so as to circumscribe the pulmonary lobules. Near the middle part of the superior portion of the lung, not far from its external surface, there existed a cavity of a sufficient size to admit a large nut. A gangrenous odour was exhaled from it, its parietes being lined with a thin layer of green matter, beneath which was seen the red and indurated tissue of the lung. Several bronchi of a considerable size opened themselves in this cavity, which was empty. The bronchi presented in some points, and especially towards the centre of the inferior lobe, partial dilatations containing a greyish and fetid matter. Here the pneumonia was evidently chronic. To the rarety of this lesion was added another not less uncommon, namely, a gangrenous abscess, for such M. Andral considered the cavity whose structure we have been describing, and I cannot believe that this clever pathologist would have confounded such an abscess with a simple bronchial dilatation filled with fetid mucus.

2. Among the circumstances which may favour the development of gangrene in an inflamed lung, there is one which I shall merely refer to, as its existence has never been clearly demonstrated. I will mention a case where inflammation attacked a lung more or less compressed by considerable effusion in the pleura which thus produced a species of strangulation. M. Fournet relates a case of a young girl in whom a considerable effusion existed in the left side of the chest. The corresponding lung, greatly compressed, was seated in the groove of the vertebral column, and was no bigger than the patient's fist. It contained a gangrenous abscess, about an inch in diameter, filled with a putrid detritus of a blackish brown colour, and of an extremely fetid smell. This cavity communicated with the effusion in the pleura. The surrounding pulmonary tissue was softened, of a brownish black colour, streaked with brown and grey, and reduced to a sort of pulp, where however it was still possible to discover the vascular texture of the organ; the whole surface of this lung was covered over with a false membrane of recent formation. It is still uncertain whether the pleural effusion was merely the result of gangrene and perforation of the lung, or whether it was an original affection; this was the point of difficulty to be determined. We must without doubt consider this as an extremely uncommon case, whatever explanation may be given to it. This compression of the lung might probably arise from slight effusion into the pleura, and thence give rise to inflammation in the corresponding lung; as for instance, where an effusion is formed at the termination of pneumonia; but as I previously said, the fact of gangrene occurring in the course of pneumonia giving rise to a similar affection, remains to be proved.

If it is uncommon to see simple pneumonia terminating in gangrene, it is less so to find the like result in pneumonia which arises in the course of diseases characterized by extreme debility of the patient, and alteration of the fluids; in the low form of gastritis, for instance, as well as in typhoid fever. In the thesis* No. 372, 1835, as an example, we find the case of a woman, 27 years of age, who entered the Hospital *Saint Antoine*, and who died after having exhibited almost all the symptoms of an attack of *dothinenteritis*. At the autopsy a single ulceration was discovered in the intestinal tube; the spleen presented a white spot, which upon incision gave issue to matter not unlike that of *anthrax*. The right lung was hepatized, and the left merely engorged; but a large extent of the surface of both was destroyed by gangrene. We must, however, remember that gangrene of the lung is very rare in typhoid fever; since among the numerous cases of this fever which have occurred under MM. Andral, Louis, and Bouillaud, I have merely met with one instance of accurately demonstrated gangrene of the lung. This interesting case will be found in M. Andral's work on Clinical Medicine.† The observations made at the present day do not therefore justify our belief in the frequency of gangrene of the lung accompanying *fevers* of a *grave* character, as advanced by ancient writers, whose assertions, moreover, upon the occurrence of *epidemics* of gangrenous pneumonia, are of too vague a nature to authorize our dwelling on them.

IV. Hitherto we have considered gangrene of the lung as a termination of acute or chronic pneumonia; but it sometimes happens that a gangrenous abscess primitively developed in the lung, and which was at first abruptly bounded by sound tissue, may give rise to a more or less acute inflammation in this part of the lung; in this case, the eschar acts as a foreign body, which can only be detached and expelled by an inflammatory process called *eliminatory*. Examples of this kind of lesion not uncommonly occur.

V. In some cases, finally, gangrene of the lung seems to appear simultaneously with inflammation in this organ, or at least to be formed soon after its invasion. Thus, in some individuals, especially in those who die of asphyxia a few days after the appearance of the disease, we find, on the post-mortem examination, the lungs of a greenish black colour, gorged with fluid, softened in their whole extent, in some parts almost reduced to a liquid state, and yielding on pressure an abundant quantity of a greenish and fetid sanies, which also escapes on an incision being made into the affected organ.

VI. Whatever may be the degree of relation existing between gangrene and inflammation of the lung, whether the inflammation be the cause or the effect of the gangrene, the odour *sui generis*, which exhales from the gangrenous tissue, will be a sufficient sign whereby to distinguish this lesion from all those presenting any analogy with it. We shall terminate these considerations on gangrenous pneumonia, by pointing out a lesion which at once resembles pneumonia, pulmonary œdema, and gangrene. M. Duplay observed this occurrence in a patient under M. Rayer. A woman, 65 years of age, was brought to the hospital of La Charité, affected with a pneumonia of eight days' standing, having bronchial respiration, bronchophony, and a slight crepitant *râle* during deep inspirations; the evening before her death, which took place six days after her entrance into the hospital, the expectoration became grey, being formed of a serous liquid of a dirty grey colour, and inodorous. At the autopsy, the inferior and middle lobes of the right lung, as well as the whole of its posterior part, were found completely impermeable to the air, and in a slightly advanced state of grey hepatization. The parenchyma was readily torn and set free a larger quantity of serosity than of purulent matter; towards the base of the inferior lobe, the pleura, which seemed to be separated from the pulmonary parenchyma, formed a sort of vesicle. On cutting into the tissue of the organ, a dirty grey liquid escaped from a species of sac, which was seated in its substance; the pulmonary parenchyma, towards this point, was greatly altered; it was softened and as it were macerated by this liquid, which had imparted its peculiar colour to it. On pouring some water over the lung, the *detritus* of the pulmonary tissue was observed in the form of greyish filaments floating in the midst of the liquid. This softened portion however did not present a gangrenous odour. This

* Bergeron.

† Vol. iii, p. 114.

lesion evidently resembled gangrene of the lung, both as to colour and appearance, but differed essentially from it by the entire absence of the characteristic odour, and constituted a species of ramollissement of peculiar and exceedingly uncommon nature.

I do not think it necessary to detain you any longer on this subject; nor will I enter into the number, form, or extent of these gangrenous abscesses, the organization of their parietes, their communications with the pleura, with the bronchi, and sometimes even with the wall of the chest, &c.; for these details belong to the history of gangrene of the lung, and our duty here is merely to consider this lesion in its relations with respect to pneumonia.

The concomitant lesions of acute Pneumonia.—1. *Bronchi.*—In the adult, a certain degree of bronchitis almost always accompanies pneumonia; most commonly the alteration in the bronchi is limited to the portion of the lung which is the seat of the inflammation.

In the old man the bronchi are remarkable for their redness, and the mucus contained in them. The redness, according to MM. Hourman and Dechambre, is invariable; it often extends from the inferior surface of the epiglottis, to the ultimate ramifications of the bronchi, where it even increases in intensity, especially in the neighbourhood of the inflamed points. Still we must add that these authors have met with a more or less intense and general redness of the bronchi, in almost all their *post-mortem* examinations on old women, whatever may have been the nature of the death. The quantity of mucus contained in the air passages is sometimes enormous; it obstructs the trachea, even the larynx, and sometimes also the back part of the fauces. This substance is usually thick, viscous, opaque, of a dull or ash white, sometimes of a greenish or yellowish colour; when streaked with blood, it is rarely found in the trachea, but is usually seated in the small bronchial divisions. In some cases, however, MM. Hourman and Dechambre have seen the large bronchi and even the trachea filled with a mixture of mucus and blood badly combined, or with a fluid resembling pease-soup, but of a delicate rose colour throughout. At other times the mucous secretion itself did not contain blood, but this latter was effused in a thin demi-concrete layer (which was easily removed by the scalpel) along the inner surface of the trachea. It was principally during the months of March and April that these authors observed this sanguineous extravasation. Finally, we sometimes meet, in the air-passages of old men, with small irregular lumps formed of a whitish concrete matter, and which are easily crushed beneath the fingers. In infants, from two to five years although according to MM. Rilliet and Barthez, there is great facility in recognising anatomically the existence of inflammation of the mucous membrane of the larger bronchi (an inflammation, which, as we shall see, almost always accompanies pneumonia at this age), there is equal difficulty in ascertaining in a certain manner, that of the capillary bronchi. In fact, the mucous membrane of these fine canals is easily coloured by the blood which escapes from the surrounding tissue, and which simple washing causes to disappear; moreover, this parietes are so thin and transparent, that the colour really belonging to the subjacent tissue might with facility be attributed to them; the mucous membrane especially, being so very thin, that it is difficult to obtain a portion large enough to be enabled to recognise distinctly its pathological alteration. Out of 104 new-born infants, M. Vernois has only discovered any appreciable lesion in the bronchi in 13; it consisted in a remarkable redness and friability of the mucous membrane, with accumulation of a white and spumous mucus.

2. *Pleuræ.*—In the adult, ordinary pneumonia is *almost always* accompanied by pleurisy, and has therefore received the denomination of *pleuro-pneumonia*; sometimes, however, the parenchymatous inflammation is entirely isolated, and unaccompanied by pleurisy; and in certain cases of double pneumonia, we find pleurisy on one side only. This concomitant affection most generally merely gives rise to the formation of false membranes of a greater or less extent and thickness; effusion is very rare, and when it does exist, it is usually very slight, for it can scarcely be formed on a level with the hepatized portions, and if it does sometimes co-exist with this alteration, it compresses the remaining sound parts. In the old man, pleurisy much less frequently accompanies pneumonia, than in the adult. Thus in 60 vesicular pneumonias observed by MM. Hourman and Dechambre, the pleuræ were unaffected in 22; and in the remaining 38 there existed a pleurisy, accompanied by recently formed false membranes. In infants from two to five years, MM. Rilliet and Barthez have noticed in one-third of the cases, which have come under their observation, an alteration resulting from acute inflammation in the pleura; an alteration which has more frequently occurred in girls than in boys, and which has always coincided with extensive or generalized lobular pneumonia. Thus pneumonia is not so often complicated with pleurisy in the infant as in the adult. Finally, in the new-born child, pneumonia is almost always distinct from pleuritic inflammation. In fact, in fifteen cases, M. Balleix only once found traces of inflammation of the pleura, and even in this single case the inflammation had no connection with pneumonia. On the other hand, on uniting the observations of MM. Balleix and Bernois, we find that in 128 cases of pneumonia, there were but 25, or less than a fifth, in which inflammation of the pleura accompanied pneumonia. This result is very different from that arrived at by M. Huges, who says, that out of 100 cases, he scarcely met with one in which pneumonia existed without pleurisy. But this difference becomes explained, when we remember that M. Huges cites his cases from his recollection only, without having made any written observations on the subject. Generally speaking, when inflammation attacks a lung which is pressed up by a considerable pleuritic effusion, it usually becomes confined to a few lobules, and very rarely reaches the stage of suppuration, the effusion without doubt moderating the inflammatory action. Hepatization, also, receives from this circumstance a very peculiar form; instead of being granulated, the tissue presents the appearance of flesh; and hence this state has received the name of *carnification*.

3. *Heart and Blood-vessels.*—The right cavities of the heart are most commonly distended with a black and coagulated blood. The greater part of the organs, such as the liver and spleen, present a state of venous congestion proportioned to the degree of dyspnœa preceding death. According to M. Louis, ramollissement of the heart existed in rather more than the 8th part of the subjects attacked with peripneumonia who came under his observation. Finally we shall mention, as a lesion which accompanies peripneumonia, and which seems in an especial manner to be allied to this affection, those *coagula of blood* which are met with in the *heart and large vessels*. M. Bouillaud reports, that in all the patients who, during the last three years, have died in the hospital of acute pleuro-pneumonia, coagula of blood, evidently formed before death, have been met with in the heart and large vessels; similar coagula have also been discovered in some subjects who were carried off by other inflammatory diseases. M. Bouillaud adds, "whatever may be the precise epoch when these coagula are formed, we have no hesitation in laying down as a LAW OF PATHOLOGICAL ANATOMY: *That they constantly exist in those subjects dying of true pleuro-pneumonia, of an acute and well-marked character, when arrived at its second or third stage.*" In speaking of the anatomical characters of these coagula, M. Bouillaud expressly remarks, that in all the cases reported by him, the coagula presented the characters of those which Corvisart and other observers have considered as being formed a longer or shorter period before death. These coagula are of a pale colour, dense, of a fibrous, or fibrinous organization, and strongly adherent to some part of the cavities of the heart. To the cases observed by M. Bouillaud, we may add the following; and, first of all, that published by M. Bouvier, relating to a man 88 years of age, who died a few days after the appearance of the disease:—The posterior region of the left lung was in a state of grey hepatization, and infiltrated with pus in many parts. Clots of blood, of a fibrinous texture, almost colourless, dense, and adherent, were met with in the four cavities of the heart; the apex of the left ventricle was especially the seat of these coagula, which presented a very similar appearance to the carneæ columnæ themselves. Beneath these clots the internal surface of the heart was in a normal condition. M. Dalmas found in a woman, 62 years of age, who was received in the Hôpital de la Salpêtrière, with a commencing *gangrena senilis* in the left foot, an obliteration of the arteries of the diseased limb by dense and almost adherent clots; the arterial system being, moreover, affected in every part by the squamous, or cartilaginiform degeneration, so often met with in the arteries of old men. But in the aorta, at the superior part of its descending portion, there existed a clot 2 inches long; it filled the whole calibre of the vessel, which was of its natural dimensions both above and below; this coagulum was smooth, and of an olive shape; it was adherent in almost every part, especially about the middle, to the internal membrane of the artery; these adhesions were uninterrupted except at the outer and back part, where there existed a free passage for the blood: this *non*-organized mass was composed of a fibrinous substance. To the lower extremity of this clot, was attached another much longer and thinner, which floated freely in the cavity of the artery. M. Dalmas believed that the formation of this large clot depended on the state of the pericardium, the pleura, and the neighbouring parts of the lung. In fact, the pericardium was filled with a considerable quantity of albuminous serosity, being distended with it even to its upper portion, and it was easy to judge, from the *non-organized* false membranes covering the auricles of the heart, as well as the fibrous layer of the pericardium, that this effusion was recent. The pleura of the same side was, in like manner, the seat of an enormous effusion. When this liquid was evacuated, the cavity remained half filled with false membranes and albuminous flocculi, which could not be removed by the hand, and which compressed and bound down the lung. The superior lobe of this lung was also infiltrated with pus, and *had acquired an extreme density, and a size at least equal to that of two fists.* It filled the whole summit of the chest, and necessarily compressed every thing around it. From this state of the parts, it was evident that the aorta, after its passage from right to left to descend along the dorsal vertebræ, experienced in the resistance and density of the pulmonary tissue, a great obstacle to its dilatation, particularly as the lung was forced up towards the summit of the chest, by the double effusion which existed at the same time. The circulation must, from this circumstance, have become very difficult; hence the formation of the clot. M. Bouillaud, however, thinks that it would be taking too limited a view to refer this coagulum to the compression of the aorta alone; and that we should also take into account the inflammatory diathesis of the blood accompanying the triple inflammation of the pericardium, the pleura, and the lung, a diathesis of which one of the principal characters consists in the *inflammatory cupping* of the blood. Did pneumonia exercise any marked influence over the coagulation of the blood in the following case? M. Louis and M. Richelot opened a man who, when recovering from pneumonia, suddenly presented the symptoms of asphyxia; he died five or six hours after the appearance of these signs, and nothing was found to explain his death but some soft *non*-adherent clots which obstructed the cavity of the pulmonary artery, the parietes of which were perfectly sound. To be enabled to ascertain whether pleuro-pneumonia is more frequently than other acute inflammations, accompanied by the formation of these coagula, we should compare a considerable and equal number of these different inflammations one with another. This is a very important measure, strongly called for by science. The pulmonary vessels of a certain calibre become, in some cases of pneumonia, the seat of an inflammation which must necessarily exercise a considerable influence over the issue of the disease. But as these cases are very uncommon, we will relate the following:—Dr. Robert Lee mentions the case of a woman, 20 years of age, who was taken, five days after the birth of her first child, with

dyspnœa and pain in the left side of her chest, as well as over the whole of the abdomen. The pulse became rapid, the symptoms varying somewhat in intensity; a cough afterwards appeared, accompanied by a mucous expectoration. Death took place a month after her accouchement. *Necropsy.*—In the folds of the large ligament of the uterus, close to the left ovary, an abscess of the size of a nut was discovered; the veins of the uterus, as well as those in the surrounding parts, the *iliacæ* and *vena cava* throughout the whole extent, were lined by a yellow coagulum, or soft and yellowish matter composed of lymph and pus. The venous trunks of the inferior lobe of the left lung presented the anatomical characters of inflammation of the veins; the lobe itself was dense, and of a deep red colour. The serous surface of the middle and inferior lobes of the right lung was covered with a soft and yellow lymph; these two lobes were hepatized. This observation is unfortunately very incomplete; the veins of the lung do not appear to have been traced to their most minute ramifications, and the state of the parenchyma itself is but vaguely indicated; still I have reported this rare fact, wishing to draw the attention of anatomo-pathologists to the relations existing between inflammation of the lung and that of the veins of this organ.

The inflammation, according to M. Cruveilhier, may occupy the *capillary veins* in that species of pneumonia, described under the name of metastatic. The pus, after having penetrated into the current of the circulation, may arrive in the capillary veins of the lungs; its irritating contact would then immediately give rise to a circumscribed ecchymosis, the first stage towards the abscess which is ultimately formed, and the exact circumscription of which becomes thus explained. In support of this opinion, we may cite those experiments, in which different agents, being injected into the veins of the lung, cause the development of ecchymoses and circumscribed abscesses; we may also point out an anatomical peculiarity which these metastatic abscesses often present, viz., that veins filled with pus may be distinctly traced from the interior of these collections. Finally, inflammation of the pulmonary veins is sometimes seated in points more or less distant from the inflamed portion of the lung. In these cases, the parenchyma, in which the ramifications of the inflamed venous trunk are distributed, is the seat of an œdema which modifies the ordinary characters of inflammation of the lung. The *pulmonary artery*, which belongs to the venous system from the character of the blood which it contains, and from that of its lining membrane, sometimes becomes inflamed at the same time that a purulent lobular inflammation attacks the lung itself. M. Cruveilhier has mentioned a remarkable case of this kind in his *Anat. Pathol.* A woman recently confined, was taken, on the 12th of July, 1832, with all the symptoms of uterine phlebitis, which was successfully treated; from the 25th of July to the 3rd of August she seemed cured, and began to suckle her child. New symptoms then appeared; oppression, cough, anxiety, a nervous state, and extreme frequency of the pulse; she died on the 9th of Aug., 28 days after her accouchement. On opening the body, the uterus was very little larger than natural. The uterine, ovarian, and hypogastric veins were like hard cords; this hardness was owing to compact, adherent, and almost colourless clots which filled up their cavities. The external iliac veins, the left crural, and some of its divisions, contained coagula less compact and adherent, and evidently of a recent date. At the base of the left lung several lobules were found in the state of red induration; there were also two superficial abscesses, and œdema of the posterior half of the two inferior lobes of both lungs. The divisions of the pulmonary artery were filled by hard coagula of a red colour, and but little adherent to the sides of the vessels, whilst the clots of the principal trunk were altered in colour, and were also coherent. In the centre of the principal clot was a collection of pus, presenting all the characters of phlegmonous matter.

M. Cruveilhier further states, that it is not uncommon in diffuse pneumonia to meet with adherent clots in the ramifications of the pulmonary artery, but that we never find them in those of the pulmonary veins.

TETANUS.

By W. T. KAY, Esq., M.E.S.L., &c

Concluded from our last number.

Diagnosis.—With respect to the diagnosis of tetanus, there is only one point in which it is at all ambiguous, or important. There is no other *disease* that is likely to be confounded with it, except perhaps that extraordinary disease hysteria, which sometimes mimics its phenomenon. But there is a form of *poisoning* that may easily be mistaken for tetanus. The symptoms produced by a poisonous dose of strychnia, or its salts, or the vegetables from which it is procured. On the symptoms of tetanus, Dr. Christison, who had made experiments with it upon animals, tells us that the creature "becomes agitated, and trembles, and is then seized with stiffness and starting of the limbs. These symptoms increase, until at length it is attacked with a fit of general spasm, in which the head is bent back, and the spine stiffened, the limbs extended and rigid, and the respiration checked by the fixing of the chest. The fit is then succeeded by an interval of calm, during which the senses are quite entire, or unnaturally acute. But another paroxysm soon sets in, and then another and another, till at length a fit takes place more violent than any before it, and the animal perishes suffocated."

The pathology of tetanus is rather obscure. The spasm or the convulsion of the voluntary muscles lead us to inquire into the state of the spinal cord, from which the nerves supplying these muscles are derived. This has been very attentively examined in many cases of tetanus, and some appearances of disease have frequently been described as found in it; but these appearances are not sufficiently clear or definite in their nature to lead to any satisfactory explanation upon the subject. In some instances small thin plates of osseous matter have been found in the arachnoid membrane of the spinal cord; but we can hardly suppose this to have been produced within the time in which tetanus has occurred. If any particular state of the spinal cord cause this affection, we should then wish to know how such disturbance of the spinal cord is produced? What is the circumstance which occasions the derangement in that part of the nervous system? Here we are at a loss; we are not able to point out with any degree of clearness the particular mode in which the derangement of the spinal cord, if it does take place, is effected; nor can we, as far as our examinations have hitherto gone, show in any definite way a specific derangement of the part. It has been found that a state of costiveness precedes the developement of tetanic symptoms, and Mr. Abernethy made this a particular subject of inquiry, and pointed out this question as one that should be borne in mind in a pathological view of the subject, that is to say, what is the condition of the digestive organs of the patient prior to the occurrence of the tetanic symptoms; between the receipt of the injury and the developement of the disease? The opinion of Mr. Lawrence is, that the injury, in the first place, produces derangement in the digestive organs; that the deranged condition of the digestive organs disturb the spinal cord, and perhaps the rest of the nervous system; and that this disturbance produces that state of the muscular system which constitutes tetanus. This seems a rational and probable conjecture as to the mode in which the affection is produced; we must observe, however, that this point of pathology is by no means made out; so that the elucidation of the mode in which tetanus occurs, and the actual and direct nature of the disease, are points that remain for future inquiry. MM. Laurent and Lombard have maintained, that tetanus is almost always, even when it supervenes after wounds, the result of the presence of worms in the digestive organs.

Treatment.—In the treatment of tetanus the first inquiry that presents itself is, that inasmuch as tetanic symptoms are the consequence of a local cause—that is, of a wound in some part or other—will the removal of the cause put a stop to the symptoms? In other words, will the amputation of any portion of the extremities—a finger, a thumb, or any other member—in a case where a certain condition of the wound has produced tetanus, arrest the symptoms, and put a stop to the complaint? I believe it will have no such effect, and it is generally found to fail. In the treatment of tetanus, you find that very different modes of proceeding are recommended—modes of proceeding so different as to show that hitherto no clear principle of treating it has been discovered. The state of spasm of the voluntary muscles has naturally led to the employment of antispasmodic remedies, and especially that most powerful one, opium; and we see generally that the treatment of tetanus turns on the exhibition of opium in large doses.

Opium.—In some spasmodic disorders it is of unquestionable service. Very large doses of it have been given and borne in tetanus; some have recovered under its use,‖ but more have died.

A case is also recorded in the 2nd volume of the Medico-Chirurgical Transactions, in which an ounce of *solid* opium was taken in divided doses, every day for 22 days. Mr. Abernethy said that he had found enough undissolved pills of opium in the stomach after death, to poison a dozen healthy persons. Therefore if we give opium at all, it should be given in a liquid form; such as laudanum, solution of the acetate or of the muriate of morphia; and it would be well to combine the external use with the internal administration of opium; to blister the spine, and strew the blistered surface with powdered acetate of morphia. The failure however of opium in the severer forms of the malady, and its equivocal utility in any, taken altogether with these theoretical objections, prevent the recommendation of opium as a remedy for tetanus.

Blood-letting.—As a curative agent, it has very little power over the disease. Yet it may be, and probably is, of considerable use, as an auxiliary to other measures. It need scarcely be said, that though bleeding, when adopted, should be early, free, and full, so as to produce some sensible impression upon the system, ye we must always use this remedy with caution! The tendency of the disease is to exhaust the power of the heart; and if by one over-bleeding we bring that organ to a stand-still, it may refuse to begin again.

Warm-Bath.—This remedy has been fairly tried; some persons have found it useful; others have found it useless, doing neither good nor harm; and some have condemned it as actually hurtful. Ambrose Pare substituted for the warm-bath a manure heap; a hole was dug, and the patient buried up to his chin for three days; he recovered.

Cold-Bath.—This remedy has also been extolled as a much more powerful agent than the warm; and so doubtless it is. But it is more potent for harm as well as for good. For example; a tetanic patient, in St. Thomas's Hospital, was plunged into a cold-bath at his own request. "All the symptoms disappeared (says Mr. Morgan) in a moment; and he was immediately

‖ Medical and Physical Journal, vol. 50, page 446.

taken out of the bath: but he was taken out lifeless." Sir James M'Grigor says, that during the campaign in Spain, "the warm-bath gave only momentary relief; and the cold-bath was worse than useless."

Wine.—Dr. Rush, the celebrated American physician, recommended the employment of bark, wine, and spirits, in full doses. It is curious enough, but quite in agreement with what has been stated of opium, that how much wine soever may be swallowed by the patient, nothing like intoxication is produced by it. In one instance, related by Dr. Currie, the disease lasted six weeks, and in that space of time the patient drank 110 bottles of port wine. Whenever *this* plan has appeared to do good, it has been in the more chronic variety of the complaint. *Mercury* has also been tried, but with very little benefit.

Purgatives have been given in tetanus, and often with manifest advantage, in the less severe cases. But very large doses are commonly required to produce evacuations from the bowels. Enormous quantities of drastic purgatives have been given. There is an extraordinary case detailed by Dr. Briggs.* In little more than 48 hours, the patient took 210 grains of scammony, 89 of gamboge, 80 of calomel, 1 ounce and 4 scruples of jalap, 2½ pints of what is called *black dose*, (infusion and tincture of senna), and all this without either sickness or griping, but, on the contrary, with most decided benefit. In the first week of his disease, the patient swallowed—of calomel, 280 grains; scammony, 260; gamboge, 110; jalap, 3 ounces and 10 grains; infusion of senna, 5 and 5-6ths pints. All this shows what the system will bear under the bondage of the disease. Under great obstinacy of the bowels, the castor oil would perhaps be the most eligible purgative.

Foxglove and Tobacco have been used. However, the result of experience is not in their favour. Mr. Travers and Mr. Curling are of opinion that tobacco is the best remedy we at present possess.

Musk, in large doses, has been strongly recommended by a Frenchman, Fournier-Peseay, who has written on this disease. He gave 10 or 20 grains at intervals; so that 3i. or 3ij. were taken in the course of the day; and he declares that he found it more efficacious than any thing else that he had tried.

Prussic Acid and Belladonna are said, by Dr. Elliotson, to have been freely employed and to have failed.

Carbonate of Iron.—Dr. Elliotson, reflecting upon the good effect of this medicine in chorea, and considering how narcotics had failed, determined to give the carbonate of iron a fair trial upon the first opportunity. It was made into an electuary by mixing it with twice its weight of treacle. The electuary was then mixed with beef-tea just as the patient was about to drink it. This was administered every two hours, and he got well. But this remedy is not applicable in acute cases, as (Dr. Elliotson observes, very truly) iron must be given *for a few days* to produce its effects upon the system; nay, he considers that months sometimes elapse before it has any effect.

Oil of Turpentine is one of the many medicines that have been praised as useful in tetanus. No good result has accrued from its exhibition, therefore we will dismiss it from the catalogue.

Strychnia has been suggested as a remedy for severe tetanus, but its efficacy has never been sufficiently tested, therefore I cannot submit any details to your notice.

Surgical Expedients.—There is little to be said concerning what may be called the surgical treatment of traumatic tetanus. Mr. Curling, in his *Essay on Tetanus*, refers to seven instances of recovery, after the injured part had been amputated. Mr. Abernethy said, "The state of the part injured is not the sole cause of tetanus. In cases of tetanus I have often amputated injured fingers; and though I did not thereby save my patients, yet I think that the symptoms were mitigated after such amputations. In such cases, then, I would not amputate any considerable member, nor even a small one, unless I thought that, from the injury sustained, it would prove useless to its possessor even though the case should terminate favourably." The division of a nerve has been tried in some cases, and succeeded; but then a difficulty arises in regard to the nerve—how are we to know what nerve is affected? Dr. Murray has recorded* a very interesting case in which the operation was followed by most decided and instant relief. In this case the effect produced was almost instantaneous.

Although, in the present state of our knowledge, there is no one remedy or plan on which we can rely for the cure of this fearful malady, we may with much confidence lay down certain general rules, the observance of which will secure to the patient the best chance of a favourable result.

General Rules.—Since the slightest movement, or impression made on the surface, or upon the senses, will bring on the severer degrees of spasm, it is of primary importance to protect the patient against these sources of trouble, so sure to aggravate his sufferings, and so likely to augment his danger. Hence if blood-letting should be thought advisable, it should be done early, sufficiently, and once for all. The bowels should be well cleared in the outset, and then let alone. The patient should lie in a darkened room, from which noise also should, as far as may be possible, excluded. He should be enjoined to speak, to move, to swallow, as seldom as he can.

And now, Mr. President and Gentlemen, having concluded the subject, allow me to say a few words in explanation. You have all, I am sure, seen the necessity of my having trespassed on your time; the period allotted by this Society for the reading of *all* papers is half an hour, and as this subject is one of the greatest importance, I deemed it advisable to exceed the time rather than dismiss it hastily.

* Edinburgh Medical and Surgical Journal, vol. v.

WOUNDS.

By W. T. KAY, Esq., M.E.S.L., &c.

An interesting paper on the wounds received in dissection was published by Dr. Colles.† This gentleman is in favour of the immediate application of caustic in a solid or liquid form; and if this be objected to, he recommends plunging the finger without delay into a cup of oleum terebinthinæ. "The irritation may counteract the power of infection, or alter the mode of inflammation in the wound."

With regard to the treatment of the pricks of dissecting scalpels, the surgeons of the Continent recommend the immediate cauterisation of the little wounds with caustic potassa, or the liquid muriate of antimony. Tonic remedies, particularly wine, are prescribed, and great attention paid to emptying the bowels. The wound should be washed with warm water, or what is better, sucked directly after its occurrence; it should then be touched with the nitrate of silver, and the whole hand enveloped in linen, kept constantly wetted with a cold evaporating lotion. The arm is to be kept at rest in a sling, and the body emptied with a dose of calomel and the senna mixture: the patient should abstain from study, and take the benefit of pure air. If much inflammation of the part ensue, leeches should be freely applied.

The *stings of bees, wasps, and hornets*, are strictly poisoned wounds, though they are seldom important enough to require the assistance of a surgeon. The sting of the hornet, which is more painful than that of a bee, or wasp, is not, however, often the occasion of any serious consequences. The stings of all these insects are attended with a sharp pain in the part, very quickly succeeded by an inflammatory swelling, which after a short time generally subsides of itself. When the eye is stung, as has sometimes happened, the effects may be very severe.

These cases should all be treated on common antiphlogistic principles, and the most rational plan is to extract the sting, taking care, in the first instance, to cut off the little poison vesicle with scissors, lest in the attempts to withdraw the sting, more of the virus be compressed into the part. The stung part should then be immersed for a time in ice-cold water, and afterwards covered with linen, wet with the liquor plumbi acetatis dilutus. Were the inflammation to exceed the usual degree, leeches and aperient medicines would be proper. In short, as there is no specific for the cure of these cases, they are to be treated with common antiphlogistic means.

With regard to the *bites of serpents*, those inflicted by the rattle-snake of America, and the cobra di capello of the East Indies, are the most speedily mortal. Indeed, this is so much the case, that sometimes there is scarcely an opportunity of trying any remedies; and even when the patient is not destroyed thus rapidly, their is such general disorder of the nervous system, with repeated faintings and sickness, that medicines cannot well be retained in the stomach, at least for some time.

The Indians who, by their constant wanderings in the woods, are liable to be bit by snakes, know, as soon as they receive the injury, whether it will prove mortal or not. If it be on any part at a distance from large blood-vessels, or where the circulation is not vigorous, they apply their remedies; but if any vein of considerable magnitude be hurt, they quietly resign themselves to their fate, knowing that nothing can be of service. Amongst the remedies on which they chiefly depend, are seneka root, ammonia, and particularly strong doses of arsenia.

If we put out of consideration the bites of animals affected with rabies, the viper inflicts the worst poisoned wound ever met with in Great Britain. In fact, it is an animal that inserts into the part which it bites a poison capable of exciting very serious consequences. The jaws of the viper are furnished with teeth, two of which, in the upper jaw, are very different from the rest. These, which are about three lines long, are covered for about two-thirds of their length with a membranous coat or sheath, are of a curved shape, and articulated with the jaw-bone. When the animal is tranquil, and its mouth shut, they lie down with their points turned backwards; but they instantly project forwards when it is irritated, and about to bite. In them are canals, which terminate by a narrow fissure, on their convex sides a little way from their points. The rest of these fangs is very hard and solid; and the canal is usually filled with a transparent yellowish fluid, the poison of the viper.

This venomous fluid is secreted by two glands, or rather by two clusters of glands, one on each side of the head, directly behind the eyeball, under the muscle which serves to depress the upper jaw. Thus this muscle cannot act without pressing upon them, and promoting the discharge of the fluid which they are destined to prepare. A little bag, or vesicle connected to the base of the first bone of the upper jaw, as well as to the end of the second, covers also the roots of the curved fangs, and forms a receptacle for the venom. When a viper is about to bite, it opens its mouth *very* wide. The two curved fangs, which had previously lain flat down, in the cavity of the membrane attached to their base, now project, and become perpendicular to the lower jaw. When the bite takes place, the poison is propelled through the fangs by the contraction of the muscles, and the closure of the mouth, and is injected into the wound with a force

* Medical Gazette, vol. x

† Dublin Hospital Reports, vol. iii.

proportioned to its accidental quantity at the time, and the vigour of the animal.

The bite of a viper is quickly followed by severe effects, some of which are local, and the others general; but it is with the former that the disorder invariably commences. At the instant of the bite, the bitten part is seized with an acute pain, which rapidly shoots over the whole limb, and even affects the viscera and internal organs. Soon afterwards, the wounded part swells and reddens. Sometimes the tumefaction is confined to the circumference of the injury; but most frequently it spreads extensively and quickly through every part of the limb, and even the trunk itself. A sanious fluid is often discharged from the wound, around which phlyctenæ arise, similar to those of a burn. After a short time, however, the pain abates considerably; the inflammatory tension changes into a doughy or œdematous softness; the part grows cold, and the skin exhibits large livid spots like those of gangrene. Indeed, gangrene may and has occurred after the bite of a viper. The general symptoms also come on with celerity; the patient is troubled with anxiety, prostration of strength, difficulty of breathing, and cold profuse sweats. Vomiting frequently occurs, and sometimes copious bilious evacuations from the bowels. These symptoms are almost constantly attended with an universal yellowishness and an excruciating pain about the navel.

Several bites are, of course, more dangerous than a single one; and it has been remarked, that the venom of the viper is more active in summer than in spring. The injury rarely proves fatal to an adult, even when inflicted by a viper in the middle of summer, the period when the animal is most active and vigorous. Exceptions to this belief, however, are upon record. In the year 1816, a woman in France, aged 64, was bit on the thigh by a viper, and died in 37 hours; an hour had elapsed before anything was done.†

There are two very excellent cases, one in the 'Medical Gazette,' 1839-40, No. 35, page 337, in which the patient recovered; the other in the 'Medical Times,' vol. 5, p. 58. "Mr. A——, of New York, was, in 1812, seriously bitten in the arm by a rattle-snake that had been kept in confinement for a public show. The action of the poison, according to Dr. Francis, began to manifest its effects in half an hour; and its local changes, such as great swelling, pain, &c., were very great; the mind was materially affected. But, in another case, the patient's mind preserved its wonted functions throughout his whole illness. When the bite is inflicted in a large vein, its effects seem to be immediate, and its fatality more certain than under other circumstances."‡

Treatment.—The treatment of the bite of a viper is divided into local and general means.

Local treatment consists in the destruction of the venom, the prevention of its entrance into the vessels, or the removal of it from the wound. One of the most certain methods of removing the virus, consists in the excision of the bitten part, but it must be performed before much inflammation comes on. Another plan, more commonly employed, is that of destroying the envenomed part with caustic, or the actual cautery. When this is done in time, it is said that the poison will be prevented from extending its irritation over the system. The caustic and cautery, it is conjectured, may also have the effect of chemically destroying the venom itself, while they tend to hinder its passage into the circulation, inasmuch as they destroy the neighbouring absorbent vessels. In France, the liquid caustics are preferred—the fluid muriate of antimony, the liquor ammoniæ, or the sulphuric or nitric acids—because their action is quicker, and they more certainly penetrate to the bottom of the wound.§

Suction of wounds occasioned by venomous snakes is an ancient proposal, and one, the principle of which has been rendered exceedingly important by the experiments and researches of Sir David Barry. From the experiments of Sir David Barry, detailed in the '*Experimental Researches on the Influence of Atmospheric Pressure upon the Blood in the Veins,' &c.*, p. 121, he deduces the following inferences in relation to our present subject:—First, that neither sound nor wounded parts of the surface of a living animal can absorb when placed under a vacuum; secondly, that the application of the vacuum by means of a piston cupping-glass, placed over the points of the contact of the absorbing surface, and the poison which is in the act of being absorbed, arrests or mitigates the symptoms caused by the poison;‖ thirdly, that the application of a cupping-glass for half an hour deprives the vessels of the part over which it is applied of their absorbent faculty for an hour or two after the removal of the glass;¶ fourthly, that the pressure of the air forces into the vacuum, even through the skin, a portion of the matter introduced into the cellular tissue by injection; that is, if the skin of the animal be not dense, as in the dog.** Therefore it is proved from these experiments that the cupping-glass is a very useful agent in poisoned wounds of any description.

With respect to the *general treatment* of the bite of a viper, or any other venomous snake, if we exclude emetics, of which a high opinion is generally entertained, when the patient is much jaundiced, the favourite medicines are cordials, ammonia, and arsenic. Of all stimulants, however, the liquor ammoniæ is that which now obtains the greatest confidence, or else the *eau de luce*, which only differs from the fluid ammonia in containing a small quantity of the oleum succinatum. In France, this remedy is even at the present time regarded as having the best claim to the title of a specific for the bite of a viper.

A few drops of the remedy are to be exhibited every two hours, but as it is very powerful, it must always be diluted with tea, or some other drink. The dose, however, must depend upon the age and constitution of the patient.

In St. George's Hospital, the man who was bit by the rattle-snake kept for exhibition took aperient medicines, the liquor ammoniæ, ether, the spiritus ammoniæ comp., opium, and other stimulants, but without any apparent benefit. The disease followed that course which Sir E. Home has described as usual when the shock on the system is not directly fatal, and the mischief in the arm ultimately produced the man's death.*

The following recital, says *Reese*, will, I think, make the credulity of British surgeons recoil:—

"A lady, in the fourth or fifth month of her pregnancy, was bitten by a rattlesnake, but, under the appropriate treatment, she at length recovered from the symptoms usually consequent upon such wounds. At the full period of gestation, she was safely delivered of a fine healthy looking child; but immediately on its being applied to the breast and allowing it to suck, the child assumed the peculiar hues of the rattlesnake, swelled exceedingly, and soon died. She then procured a puppy to relieve her breasts, which died in two days of the same symptoms. A lamb was then tried; and in succession, one puppy and three lambs shared the same fate. Another puppy was then procured, which escaped with its life, but exhibited some of the symptoms which had been fatal to its predecessors. The lady remained all this time without any symptom of disease, and had as rapid a convalescence from parturition as is usually observed.

"The poison seems to have been excreted by the process of lactation; for the second year afterwards she had another child, and though she applied it to her breasts, not without fearful forebodings, yet no evil consequences resulted.

(To be continued.)

† Annales du Cercle Médicale, t. i., p. 44.
‡ Francis's New York Med. and Phys. Journal, vol. ii.
§ Mal. Chirg., t. i., p. 429.

‖ Expert. 4th. ¶ Expert. 5th. ** Experts. 18th—20th.
* Phil. Trans. 1810.

PHARMACEUTICAL NOTICES.

The Chemical Action of Salts on each other: Conversion of Mercury into Corrosive Sublimate in the Human Body. By M. Mialhe.—In a communication published last year, M. Mialhe, after confirming what was already known, that hydrochlorate of ammonia dissolved in water partly transforms calomel into corrosive sublimate, states, that in this reaction metallic mercury is always set at liberty, and that in quantity precisely corresponding to the bichloride of mercury produced. He has also established that this curious transformation does not appertain in peculiar to sal-ammoniac, but that other chlorides of the alkalies possess the same power. His paper communicates the results, equally interesting, obtained by means of the chlorides of the alkalies, and particularly with the chloride of ammonia, the most energetic of them.

They are as follows:—

1st. The protoxide and the binoxide of mercury, placed in contact with an aqueous solution of hydrochlorate of ammonia, both give rise to the formation of corrosive sublimate, or to speak more correctly, of the ammonio-chloride of mercury or *sal-alembroth*. 2nd. The proto and deuto-salts of mercury, placed under the same circumstances, both produce also the bichloride of mercury, but the quantity of corrosive sublimate formed in these two cases is very far from being the same; with the deuto-salts of mercury the proportion of sublimate is always very much greater. M. Mialhe gives an explanation of these phenomena, which is a great importance in considering the therapeutic action of mercury. The ammoniacal salt and the bi-salts of mercury, give rise to a double decomposition, to bichloride of mercury and of new salt of ammonia, while the proto-salts of mercury commence by producing protochloride of mercury, and it is only by a subsequent reaction that a very small proportion of corrosive sublimate is produced. 3rd. Metallic mercury itself, put to digest with a solution of ammoniacal salt, is partly converted into corrosive sublimate. From this we may explain the therapeutic action of this simple body, when introduced into the animal economy in the metallic state.

All the re-actions above described take place at the ordinary temperature, and much more would they do so at that of the human body. They are all produced in a short time; some immediately, and the greater part require only to be in contact for a few hours. Now, as the different fluids in the human organs contain common salt and ammoniacal salt, accompanied or not with hydrochloric acid and other acids, which may further facilitate their mode of action, it follows, that all these phenomena probably take place in the human body when any mercurial preparation is administered; that is to say, that they all give rise to the production of corrosive sublimate, only in variable quantities.

Burnt Rhubarb in Diarrhœa.—Mr. Hoblyn, of the Middlesex Hospital, informs us, that "it may be useful to the profession to know the value of burnt rhubarb in diarrhœa. I have used it for seven years, and found it more serviceable in the diarrhœa attendant on the last stage of consumption, than the chalk mixture and opium, or any other of the usual remedies. I have known it used, with the same pleasing effects for more than twenty years, in incidental diarrhœas. After one or two doses, the pains quickly subside, and the bowels return to their natural state. The dose is from five to ten grains. The manner of preparing it is to burn the rhubarb powder in an iron crucible, stirring it until it is blackened; then smother it in a covered jar. It loses two-thirds of its weight by the incineration; it is nearly tasteless. In no one case where I have known it given has it failed. I have given it in port-wine, milk, and water.

Test for Vegetable Acids.—Mr. Henry Rose recommends the following method for distinguishing tartaric acid, uric acid, citric acid, and malic acid, in the free state. Dissolve the acid

in a minimum of water, then add to it an excess of limpid and fully concentrated lime-water. The tartaric and uric acids produce therewith, in the cold, a precipitate; that from the former dissolves completely in a small quantity of solution of sal-ammoniac; while that from the latter is almost insoluble in that menstruum. They can further be discriminated by means of a solution of gypsum, which occasions a white precipitate with the uric, while with the tartaric acid it remains unchanged. Citric acid affords in the cold no precipitate with lime-water, only in a very concentrated solution a slight cloudiness ensues. By boiling however, the mixture becomes very turbid and deposits a considerable precipitate, which after cooling is re-dissolved by a little more acid. Malic acid yields no precipitate either hot or cold, with lime-water.

Separation of the Serum of the Blood by Leeches.—A correspondent has sent us the following, which we insert, as we have not seen the fact noticed by any author:—

"I have several times observed, that when gorged leeches are put into a *dry jar* and left for several hours, they discharge the *serum* of the blood and retain the *clot*, more or less diluted, according to the time that has elapsed. If this faculty of analysis has not been before observed, the fact may be worth recording, though, perhaps, of slight importance. A good monograph on the medicinal leech is yet a desideratum. The one lately published by J. Hudson and Son, of Hull, the extensive importers of this animal, has few pretensions to science, though it contains some interesting facts and observations." — *Pharmaceutical Transactions.*

TO CORRESPONDENTS.

BOOKS RECEIVED—

Acromaehia, vulgo Certamen Medieum de Aearo Certis ac Evidentibus Rationibus, ex Medicina Practiea Desumptis Dirempta. By J. Ed. Feldmann.

An Investigation of the proposed Sehemes of Medieal Reform. By G. Crooks, M.P.S.

The Pharmaceutical Transaetions.

Third Annual Report of the Registrar General of Births, Deaths, and Marriages.

Dr. Day's letter is an advertisement.

Mr. Murray will find a letter for him at our offiee.

Marius is too bold.

Mr. Jortin's paper will probably appear next week.

Mr. T. H.—G. P.—Medicus, and Philo-patriæ declined.

M. T.—The information will give us much pleasure.

We shall make an acknowledgment for money receipts, in future, through the post.

Other correspondents will either be written to or reeeive an answer in our next number.

Mr. Scoffern's Lecture on Chemistry, and Mr. Guthrie's Clinieal Leeture, will appear in our next.

ERRATUM.—*In Mr. Kay's paper on Tetanus, our Printer turned* Teino *into* Tenio. *He declares the word was* Greek *to him.*

THE MEDICAL TIMES.

SATURDAY, DECEMBER 25, 1841.

Libera per vacuum posui vestigia princeps,
Non aliena meo pressi pede.

THE new year among blisses common to all—and may they be beyond number to those we address!—brings this peculiar bliss to the Journalist: it allows, nay, very kindly enforces, a fondling and egotistical gossip with his readers—a gratification by no means inconsiderable to a heart overflowing with benevolence for itself and others—like ours.

Three months have scarcely added themselves to the eternity which scholastic divines speak of as *à parte ante* since with no humble thoughts of usefulness to the medical commonweal we took this Journal under our care. The change in which we participated was, our readers know, total, extending to the publisher and proprietary, as well as to the editor. Our reign has, as yet, been short; but we flatter ourselves we have already done something; and though we have far from succeeded in achieving all we are intent on, we have yet enough of confidence in what we have effected to believe that we have not made that change distasteful to any one gentleman among the numerous subscribers who formed the clientele of the Medical Times, at the period of its transfer. On looking round the many deserving publications which form, perhaps, the great distinguishing mark of our age—we feel a proud consciousness, which in this time of Saturnalian licence we shall venture to throw into language—that there is not one among them which at an equally moderate price gives so large an amount of novel, original, and valuable home and foreign scientific knowledge. Incomplete as are yet our arrangements, we have still made our Journal so far the exponent of European medical science, that the highest members of our profession cannot consult it without advantage, nor neglect it without injury.

If the extended, the immensely extending sale of our Journal, be supposed to have a meaning, we are not left in the dark as to the approval of the public. Our hopes were sanguine in the undertaking, for our intentions were good; but certainly the increase in our circulation, at a time when other Medical Journals are notoriously sinking, has been far beyond anything that we or our best friends anticipated. It is another proof, if one were wanting, that public approbation runs as rapidly as the deserving—and teaches the lesson of honest reliance on general taste. Twelve months' continuance of such unprecedented favour, and the Medical Times will not only have a circulation far above that of all the other weekly Medical Journals united, but will take a foremost place among the most widely-distributed general newspapers of the week. The advantage will be less ours than that of the profession To express thanks for this unparalleled support would be ingratitude; silence is the only medium that can suitably convey the warmth of our feelings.

And if a man did need a poison now
Whose sale in Mantua is present death,
Here lives a caitiff wretch would sell it him.
SHAKSPEARE.

ANOTHER victim has this week been offered to that aggregate Moloch—the prescribing druggists. We correct ourselves: out of the week's long list of druggists' victims, *one* is a *public* victim. An inquest was held over it, on Friday, the 24th ult. We give an ample report of the proceedings in another column; they well deserve our readers' attention.

In reviewing the circumstances of the case, the first thing that forcibly strikes us, is the tragically ludicrous way in which the drug-vending culprit enacted the part of the poor patient's physician. The mother of the now deceased child enters his shop and asks for a powder. To a less accomplished medical adviser, the vagueness of the demand might have been perplexing. He would have probably have thought it necessary to have learned the age of the patient—the duration of the malady—the character of its symptoms, or at all events, would have taken some steps to find out the specific name of the powder which the poor woman required. Not so, Mr. Squire; he has a compendious mode of ascertaining obscure truths. The various divisions of the national coin are to him an infallible nomenclator; he has only to find out how many half-pence the poor applicant has to dispose of, to fix on the precise specific the case requires. Many practising druggists administer their medicines with some little reference to the nature of their qualities; most in prescribing them are governed at least by some talked of connection between their names and certain maladies; but our Mr. Squire cares for neither names nor quality; he dispenses his powders on simpler principles; the applicability of his medicines are accurately defined by an ascending scale of half-pence. Mr. Squire is, in truth, a Medical Babbage; he has reduced the administration of physic to the certitude of an arithmetical measure, and thus, while making still more formidable—needless work—the immense store of paper lumber that lies unsold and unsaleable on the shelves of our Medical Bibliopoles, has won a debt of eternal gratitude from the uprising generation of medical advisers for saving them the world of drudgery which their unfortunate predecessors had to undergo.

But we were wrong. Mr. Squire's diagnosis is more varied; without ceasing to be unique, it is *two*-fold, for, in addition to the numismatic distinction, there is one of colour. The woman wanted a *brown* powder. This, again, would be rather a vague description to one of those regular practitioners whose minds are narrowed by the trammels of long educational habit—but—verbum sapienti—Mr. Squire intuitively fixing on the definite requirement, glances among fifty—as Mr. Wakley says, or a thousand as we say—brown powders, and gives the anxious mother the precise all-important powder on which all the hopes of her wounded heart rest! Truly we have heard of fools rushing where angels fear to tread, but such must seem weak instances of human presumption to those who have watched the reckless daring which of late distinguishes Druggists' experiments on human vitality.

To speak of Mr. Squire's treatment of the poor victim, would be only to waste our readers' time, while insulting their understanding. Better, five hundred times better would it be to leave the sick to nature's unassisted efforts, than thus to have their maladies exasperated into mortal by the reckless prescriptions of interested ignorance.

We have but one word to say on the Coroner's conduct in this proceeding, and that is, an expression of sorrow that he did not at once ask the medical witnesses in attendance whether Mr. Squire's treatment did or did not accelerate the child's death? The answer would probably have led the jury to a less merciful verdict.

In reviewing calmly the circumstances of this case, and most others like it, it is impossible not to feel that, in the present state of the medical profession, the general question as to these prescribing and visiting Druggists, is beset with huge difficulties, difficulties which, while offering some protection for the nefarious practice of incompetent parties, offer serious obstacles to the march of wiser legislation. The laws of our country have not provided for the medical attendance of the poor not pent up in our workhouses, and unfortunately the usages of society which supply so many legal deficiencies, has left the gap here still open. Poverty has in England this in addition to its other evils—it condemns those oppressed by it to the cheap doctorings of Druggists and Quacks. Where was the provision for this poor woman's child? If she applied to the parish, there was no chance of success without a legal claim, and in making, supporting, and proving such a claim—urgent as was the case—all kinds of difficulties must have stood in her way. To be poor and suspected are, to parochial authorities, correlative terms, and overseers and guardians seem to act as if everything they saved from the poor was so much saved to the state. The law scarcely verbally recognises even the abstract right of the indigent to medical relief, and it is not known in practice. On the other hand, the regular practitioners' fee, far remove them from the range of such applications. The expensiveness of medical education—the vast numbers who depend on a necessarily limited supply of patients—the position, in short, medical men occupy in society, has introduced into their practice a scale of prices which while required to be uniform by probably just views of conventional etiquette and professional interests, must make it impossible for them to lend their aid to the poor, unless sacrificing themselves for the rest of society, they give it gratuitously—a self-infliction of injustice which certainly ought not to be required, and which in its consequences might prove fatal as well to the usefulness as the respectability of the profession. We know there are few of our body who do not give many a weary hour to the solace of misery, where there can be no chance of the scantiest repayment—and we take pride at the thought of the countless unknown unobtrusive charities, which have endeared our profession above all others to the affections and respect of our poorer brethren; but these truths in no way affect our general position—they tend rather to confirm it, as is proved by the fact, that such instances of illegalised benevolence, numerous as they are, have not tended to diminish the frequency or extent of counter-practice.

This is an enormous evil, which we solemnly feel reflects the deepest disgrace upon us as a Christian country. It is akin to another social brutality often showing itself under charitable auspices—the employment of ignorant old midwives for the delivery of indigent pregnant women. If the profession felt the shame, the ignominy—above all, the crying injustice of the evil as strongly as we do, how soon should we have a remedy!

But what is this remedy? Not that proposed by the Medical Gazette—the *medical* education of the druggists. Practitioners are abundantly sufficient—and the elevation of the druggists, while unneeded, and probably injurious to the interests of pharmacy, would be a work of time. We believe that the true, the only efficient remedy is to make the assistance of qualified medical men infinitely more accessible to the poor. This can only be secured by an entire change in our system of parochial medical relief. We have not leisure now to sketch out the details of the legislative measure which we would wish to see enacted; we may just say, on leaving the subject, that the more widely it shall differ in its principles and spirit from the system which obtains at present, the more nearly will it approach to the just teachings of sound polity and enlightened humanity.

A DRUGGIST'S PRESCRIPTION FOLLOWED BY DEATH—INQUEST.

On Friday, 24th ult., a lengthened inquiry (adjourned from Saturday last) was resumed before Mr. T. Wakley, M.P., Coroner, at Brentford End, into the circumstances attending the death of Edward Willett, a child aged two years and eight months, who, it was alleged, had been attended by a gentleman not properly qualified as a medical practitioner.—The inquest-room was crowded by the inhabitants of the neighbourhood, and Mr. Sleap, solicitor, of New Brentford, attended to watch the proceedings on the part of Mr. Squire, chymist and druggist of that town, who had attended the deceased child.—The Coroner.—It has been said that Mr. Bonney (a surgeon) gave me information of the case, and a prejudice had therefore been raised against that gentleman. I, however, assure the jury that the inquest has not been held in consequence of the letter received from Mr. Bonney; but on the receipt of that gentleman's letter, which merely alluded to the case, I directed Mr. Mills (my secretary) to write to Crowther, the parochial beadle, to inquire into the matter, and before that letter could leave the house I received another, which stated that the child had died under suspicious circumstances. That letter coming from so respectable an individual I had no alternative but to issue my warrant for an inquest.—Anne Willett deposed that the deceased child was her son, and died on Wednesday, the 15th inst. Deceased had been taken poorly with a cough, but she thought it of no consequence; however, on the Monday previous, she called at the shop of Mr. Squire, at New Brentford, and asked for a penny powder for it. Mr. Squire said he had no penny powders, but he had three-halfpenny ones. Witness told him the child had a cold, and he thought it would relieve its chest. The child's breath was then short, but it had no wheezing. Witness got a powder, and considered that it relieved the child very much. It was a dark powder, and there was not much of it. It lessened the fever, although the child was still rather restless. The powder made the child vomit in about half an hour. Mr. Squire said it would make it vomit, and desired her after that to put its feet into warm water. That night the child slept until half-past 2 o'clock, when it became restless. On the Tuesday morning she sent to Mr. Squire for another powder, which he sent accordingly. Deceased, though restless, was running about during the day; the second powder was in appearance like the first. Each was given to the deceased at once. Deceased, after the second dose, was very comfortable, and slept from about half-past 8 o'clock on Tuesday evening till about 10 o'clock, when he was seized with what she called a strong fit, which lasted about half an hour. She put a mustard and oatmeal poultice to his throat, and he appeared better; she afterwards put his feet into warm water. About half-past 1 o'clock he was seized with another fit, and again remained insensible for half an hour, and was in strong convulsions. . Did not, however, send for Mr. Squire or any one else, as she thought the poultice might have been too strong; but the fits returning every half-hour until about half-past 6 o'clock on Wednesday morning, she then sent for Mr. Squire, who came nearly half undressed to see the child. He told her he was afraid she had delayed it too long. He looked at the child, and told her to send for a powder and some leeches to apply to its throat, and to put the deceased into a hot bath, which was the same as Mr. Farrell had ordered for another of her children whom he had attended. Mr. Squire did not return to see the deceased till 10 minutes past 11 o'clock, when he said it could not live. He did not then do anything for it, but seemed sorry that she had not sent earlier for him. Witness applied the three leaches about eight o'clock, near the windpipe, where the inflammation was. When she took the child to Mr. Squire's shop he felt its pulse, but not afterwards. He then examined the child carefully, and if it had been his own he could not have paid it more attention. No medical man saw the child except Mr. Squire, while alive. The child had only one powder on the Wednesday Did not think there was any blame to Mr. Squire although there might be to herself.—Mr. Sleap suggested that the Coroner should ask the witness if Mr. Squire did not carry on the business of a chymist and druggist at New Brentford?—The Coroner said he did not see that the question was of importance in the case.—Mr. Sleap contended that it was most important, as by the 55th of George III., cap. 184, sec. 28, it was enacted, "Provided also and be it further enacted, that nothing in this act contained shall extend or be construed to extend to prejudice or in any way to affect the trade or business of a chymist and druggist in the buying, preparing or compounding, dispensing, and vending drugs, medicines, and medicinable compounds,

wholesale and retail; but all persons using or exercising the said trade or business, or who shall or may hereafter use or exercise the same, shall and may use, exercise, and carry on the same trade or business in such manner, and as fully and amply, to all intents and purposes, as the same trade or business was used, exercised, or carried on by chymists and druggists before the passing of this act."—Mr. Wakley remarked that the word on which Mr. Sleap had placed most stress appeared to be "dispensing." That, however, he must recollect was not prescribing.—Mr. Sleap replied, that by the words of the clause of the Act of Parliament, the words "chymist and druggist" admitted of a very large explanation—an explanation much fuller than had been given them by Mr. Justice Maule in the celebrated case of "Greenhough;" and by reference to a dictionary it would be found, that the word "dispensing" was derived from *dispenso*, "to dispense, distribute, lay out, manage, administer, dispose, set in order."—Mr. Wakley admitted that the word "dispense" might admit of a very wide signification; but in that case it appeared Mr. Squire had visited, prescribed, and dispensed. In the case of "Greenhough" the judges had granted a new trial, when the defendant not appearing, a verdict had been returned for the penalty.—Mr. Sleap contended that the case had, however, been finally decided, inasmuch as it had not been removed by writ of error to the House of Lords.—Mr. Wakley said he was aware of that.—Mr. Sleap considered it would be essential to the interests of his client, that should the Apothecaries' Company bring any ulterior proceedings against him, it should appear in evidence that he followed the business of a chymist and druggist at New Brentford. The question then to be raised would be what that business originally was.—The CORONER said the law was such, that if a physician or a graduate of medicine, who had been studying for twenty years, had come to Brentford and had practised, then he would be liable to the penalty of £20; and could it be expected that when men of eminence, large practice, and extensive learning were liable to such penalties, a man who opens a shop as a chymist and druggist, or called himself such, could expect to be exempt, if he visited, prescribed, and dispensed?—Mr. Sleap replied, that it must be recollected that, in the case of Greenhough, the question was not put as to what the business of a chymist and druggist was before the passing of the act of the 53d George III.—The CORONER said he had no objection to put the question, if it was considered important that it should appear on the depositions. The witness, then, in answer to questions by the Coroner, said Mr. Squire kept a shop at Brentford. She did not know what was up outside, but thought it was chymist and druggist.—Mr. Squire had other patients beside the deceased.—Mr. Squire had not sent in his bill.—The first powder he was paid for.—Deceased had been knocked down by a horse about five months since, from which time he had been subject to fits.—Harriet Brown, who resided next door to Mrs. Willet, corroborated the evidence of that witness.—Was called in by Mrs. Willet on the Tuesday, about 12 o'clock, and asked to go down to Mr. Squire's to get a brown powder. Did not say to Mr. Squire whom it was for, or what was the complaint; only said she wanted a brown powder for a child.—Mr. Squire gave her one, without asking what it was for, and charged her 2d., which she paid.—The CORONER remarked that it was most wonderful that such things should be. There was full fifty different kinds of brown powders.—The witness then deposed to the visit of Mr. Squire to the deceased, and his ordering it another powder, some leeches, and a warm-bath, and stated that she had placed the leeches where pointed out by Mr. Squire.—Mr. F. R. B. Bonney deposed that he was a member of the College of Surgeons, Edinburgh, and a licentiate of the Apothecaries' Company. He had exhumed the body of the deceased by virtue of a warrant from that court, in company with Mr. Farrell and Mr. Radcliffe, medical practitioners of New Brentford, and in the presence of Mr. Squire, druggist, of New Brentford, and of a gentleman who was represented to be a qualified medical practitioner, and his friend. He had found the death of the deceased to have been caused by inflammation of the larger air-passages in the throat and chest, but not higher than the trachea, although the upper part of the larynx was redder than usual. There was no false membrane, and he could not call it croup. The inflammation had not existed down the bronchia above two inches, or to the first division. Was not aware that there was any difference of opinion between himself and his medical friends. Should think from the appearance of the inflammation that the active stage had not existed many days. The disease could, he thought, be easily discovered by a competent medical practitioner. The treatment would be two or three leeches applied locally—viz., to the breast-bone, the application of poultice, with antimonial medicines, and probably mercurial; but in those matters the doctor must be guided by the symptoms and governed by the circumstances. Did not consider it the first stage of croup, but the second stage of bronchitis. There were only a few flakes of mucus.—Mr. John Farrell, member of the Royal College of Surgeons, London, and licentiate of the Apothecaries' Company, residing at New Brentford, deposed that he had examined the body with Mr. Bonny, and believed the immediate cause of death to have been inflammation of the lining membrane of the bronchial tube. Would have applied similar treatment as Mr. Bonney.—Mr. W. Squire was then called in, and deposed that he was a chymist and druggist in the High-street, New Brentford, and that he had no other occupation.—The Coroner said he wished to ask the witness if he had any legal authority to practise within 20 miles of London? And in so doing it was his duty to tell him that, after what had appeared in evidence, he was not bound to answer the question.—Mr. Squire declined to answer the question.—The CORONER said he could not then proceed further with his examination.—Mr. Theodore Parrett, a member of the Royal College of Surgeons, London, and a licentiate of the Apothecaries' Company, London, was then examined on behalf of Mr. Squire, and his evidence, as to the *post-mortem* examination, and the treatment in such cases was similar to the other medical evidence.—The CORONER then said, he was not aware that it was necessary to call any further evidence before the jury, unless Mr. Squire had any to produce. They were, however, placed in circumstances of great difficulty in the case. The deceased child, it appeared, had been taken ill, and a gentleman, described as a chymist and druggist, had prescribed for the deceased, and had administered medicine. According to the opinion he (the Coroner) entertained of the law, as laid down in the case of "Greenhough," Mr. Squire, in attending the child medically, had violated the law, unless he was a person properly qualified to do so. Mr. Squire had declined to answer whether he was so qualified or not, and consequently he would not question him further, or ask what was the nature of the brown powder he had administered to the deceased. If Mr. Squire, therefore, had acted illegally, he was responsible to another court. It was clear, from the evidence of the medical men, that the deceased had died from inflammation, and as the nature of the powder could not be ascertained, although in his opinion the mother was highly to blame in not calling in proper assistance, the only verdict he could recommend the jury to return would be that the deceased died a natural death from inflammation.—The Jury returned a verdict accordingly.—It is understood that the Apothecaries' Company will proceed against Mr. Squire in the Court of Queen's Bench for the recovery of the penalty.—*Abridged from the Times.*

THE STUDENTS' NOTE BOOK.—FASCICULUS I.

BY ANATOMICUS.

Brain: its membranes.

It is not intended to devote these columns solely to anatomy and physiology, but also to treat of surgery, medicine, midwifery, and chemistry, not omitting the several branches essentially necessary for the student to be acquainted with, such as botany, forensic medicine, and materia medica: no particular arrangement will be adopted, but the articles given in succession, as may be best suited to the convenience of the writer.

ANATOMY.—THE BRAIN.

The brain is subdivided into three portions, cerebrum, cerebellum, and medulla oblongata.

The membranes covering the brain are three; the most external is the *dura mater*, a dense, opaque, inelastic, fibro-serous membrane, and consists of two layers—the external forms the internal *pericranium*, while the internal is reflected at various points, forming the septa of processes which keep the brain in situ, forming also the outer inelastic walls of the sinuses. It has seven uses:—1st. It covers and defends the brain. 2nd. It forms the internal pericranium, which communicates freely with the external through the medium of the diploe. 3rd. It is reflected and forms processes, namely, the falx cerebri, cerebelli, and tentorium. 4th. It forms the outer inelastic walls of the sinuses. 5th. It is reflected over the spinal cord, investing it loosely, forming the theca vertebralis. 6th. It is reflected over the nerves, giving them their external fibrous coat. 7th. It is continued through the sphenoidal fissure with the periosteum of the orbit, which is more fibrous than any other part of the body. The *falx cerebri* separates the hemispheres of the brain in the mesial line of the skull; in the fissura magna, the inner dura mater is attached anteriorly to the mesial line of the frontal bone, superiorly to the sagittal suture, posteriorly to the superior spine of the occipital bone, and the tentorium, in the upper edge of the falx major, in the lower the inferior longitudinal sinus. The sinuses of the brain are venous reservoirs; they are in general triangular; the base opposite the bones from which the dura mater is reflected to form their outer walls; they have two coats, an external fibrous; the internal is a continuation of the living serous coats of the veins. The superior longitudinal sinus commences at the foramen cœcum, which is not always a blind hole, but sometimes transmits a vein to the nose; it ascends along the mesial line of the frontal bone, passes back along the saggittal suture, descends along the superior spine of the occipital bone, and terminates at the torcular herophili internal to the occipital protuberance; at that point it divides into the two lateral sinuses. On opening a sinus you observe three sets of bodies: 1st. The chordæ Willisii, transverse bands to separate the walls of the sinus. 2nd. The glandulæ pacchioni. 3rd. The oblique openings of the veins of the pia mater, which pass obliquely from behind forwards and turn in to face each

other; it was formerly said to prevent regurgitation, but it is to prevent the blood from being poured too rapidly into the sinuses. The inferior longitudinal sinus, at the lower edge of the falx major, is round; it receives the blood from the inner surface of the cerebrum and corpus callosum, and arching back it unites with the vena galeni which return the blood from the lateral ventricle to the fourth or straight sinus, which passes back in the centre of the tentorum, forms the torticular herophili; the blood is returned from the brain by the lateral sinuses into the internal jugular vein. The tentorium is formed by the reflection of the inner layer of the dura mater from the lateral spine of the occipital bone to the chiroid processes of the sella turcica; it supports the posterior lobes of the cerebrum from pressing on the cerebellum. The cavernous sinus is formed by the opthalmic veins of the orbit opposite the sella turcica.

The arachnoid membrane is a serous membrane, forming a shut sac; the outer layer is in close adhesion to the inner layer of the dura mater. The inner layer is reflected over the pia mater, and convolutions of the brain; it may be compared to the pleuræ costales and pulmonalis; it does not dip down between the convolutions, but enters the lateral ventricles through the foramen of Bichat, and is reflected around the vena galeni and infundibulum; it is most distinctly seen at the base of the brain, where it passes from one lobe to another; lastly, it is reflected over the spinal cord.

The pia mater is a vascular membrane; the basis of it is cellular tissue; the arteries of the brain ramify and subdivide minutely in it before they enter the substance of the brain, and the veins, as they emerge from the substance, very minutely enter it; there they converge, and form large trunks, which enter the sinuses obliquely; it then dips down between the convolutions to convey the blood as near as it can into the substance; it enters the lateral ventricles through their inferior horn, forming the choroid plexus; it is reflected over the spinal cord, investing it intimately, but is not so vascular as the pia mater of the brain; it also invests the nerves, forming their neurilema.

MEDICAL REFORM.

To the Editor of the 'Medical Times.'

Sir,—It is a source of much pleasure, not only to me, but to all others, who have the present and future interest of the profession in view, to perceive in your leading article from time to time, a spirit of firmness and independence, which rarely pervades those other would-be aristocratic publications of the day: this is particularly obvious, on those subjects coming under the heading of this letter, a subject which seems, whether from apathy or a total indifference to the well-being of the medical profession, to have been totally neglected and remaining in statu quo for the last six years, about which time this subject was first started. I have no doubt but that your periodical, from its general tone on this very subject, particularly as it invariably evinces a kind and sympathetic feeling for those provincial practitioners, who are more immediately the sufferers from the present shamefully neglected and degraded state of the profession, will at no very distant period establish for itself that patronage and support, which it so greatly and deservedly merits, not only in England, but throughout Ireland and Scotland.

Now that the parliamentary session fast approaches, would it not be desirable that there should be some move made or done, meetings held, which would no doubt, be well and fully attended by the leading members of the metropolis, and deputies from the different metropolitan and provincial associations and societies?

This proceeding would in itself, if nothing better resulted from it, show the public and the legislature that there was a disposition on the part of the profession itself to rectify and act with unanimity, by introducing to the notice of the House of Parliament some wise and salutary system of medical reform, whereby the many crying and glaring abuses of the present day may be removed, or at least partially legislated upon for the present. It is, I apprehend, impolitic and unwise to expect that the legislature will of itself take upon them to entertain a subject, such as medical reform, with any view to immediate legislative enactment, before they understand this subject, and until they observe more unanimity and cordiality amongst the members of the profession itself, the corporate bodies and licensing boards. For as to those plans of medical reform already suggested, by Messrs. Warburton and Hawes, Drs. Carmichael and Kidd, Sir Benjamin Brodie, and others, there appears to be but one feeling on the subject, that the plans are too complicated. However deserving of attention anything emanating from these sources, more particularly on a subject connected so closely with that profession, of which the above-named gentlemen are such bright ornaments, I am disposed to think that such an extensive plan of reform cannot be introduced with any hope of being finally legislated upon. The subject is one with which members of either house of parliament are very little conversant with, and being one of such vast and paramount importance, not only to the profession itself, but also of vital import to the community at large, that it is probable we will not, for a few years hence, receive that extended reform we may at present expect, notwithstanding the numerous grievances under which we labour at present. What strikes me, but what I do with the greatest deference submit for the favourable consideration of the profession, is, that we should not look for medical reform on so extensive a scale, but by gradual, or what I would rather call piecemeal instalments. This would have many advantages. In the first place, by selecting those subjects upon which the majority of the profession would be pretty well agreed upon, such as the present unfair and unjust infringement of the prescribing and visiting privileges of the regularly educated and qualified physician and surgeon, (now-a-days so shamefully permitted in this country, as in Ireland and Scotland,) by the chymists, apothecaries, and druggists. And whenever we may have a law enacted for this special purpose, it will be absolutely necessary to have it so framed, as to be well defined, plain, and intelligible, whereby to obviate and prevent the further aggressions of these uncharitable and monopolizing gentlemen. In fact, simplicity in legislation, on this as well as on all other subjects, when the vital interests of society in general are concerned, ought in my opinion to be deemed the measure of its perfection. After these minor, but in my humble estimation equally pressing and necessary reforms, were disposed of—then, and not till then, would be the time for looking for, and turning our minds to more general improvements, as regards the interest of the present and future students in medicine and surgery. It would no doubt be very easy to select a good abstract of a bill on medical reform, from the different plans hitherto suggested and before alluded to. But whatever plan is selected, it should be such a one as may be least likely to interfere or infringe on the rights of the existing present corporations and licensing boards, for it is natural to imagine that any scheme of reform tending to curtail or decrease the present emoluments of these very influential and powerful bodies, will receive their strenuous opposition directly and indirectly—by every means which they can legitimately exercise. It would, then, be a great object to have such a plan selected, as would be likely in some measure to receive the sanction and concurrence of the majority of these rotten corporations—who have so recklessly neglected the protection of the interests of the junior members of the profession while prosecuting their studies, and afterward by requiring from them extortionate fees in the shape of Diploma and stamp costs. This disgraceful indifference to the future welfare of the students, is just beginning to be felt in the different metropolitan and provincial schools and hospitals now so thinly attended that the fees of students are not adequate to the half of the expenses incurred in their support. Parents and Guardians now observe and understand this. They clearly see that medical students, after expending large sums of money, sacrificing, perhaps, or at least unless blessed with a more than ordinary good constitution, undermining and deranging their health in the pursuit of professional knowledge, so as to fit them in after-life for becoming useful members of society, and enable them to alleviate as much of human infelicity, as the well-known and established principles of a scientific profession can contribute in doing. What then—after all this considerable expense—perhaps too, in many instances, to the inconvenience of their parents, and probable disadvantage to the younger members of their families—what, I say, is the result? Why this: That when these young and sanguine aspirants set up for practice on their own accounts, they soon find, to their great annoyance, that wherever they may locate themselves, the market is, as it were, glutted and over satiated with cheap advice and physic; "ad nauseam," and this too, by an unlicensed and worse than ignorant class of *interlopers*. It is an old, but not the less a true saying, that a "little learning is a dangerous thing." This is quite applicable in this instance, for it is evident that in every nine out of ten cases of the manslaughters recorded in every day's paper, that these afore-named would-be-disciples of Esculapius, could be, if the matter were closely investigated, made amenable to the law for the lives of the deluded and ignorant dupes who commit themselves to their vaunted professional skill.

I am glad to perceive that the Medical Association in Ireland are preparing to fix on an early day for a general meeting of the profession in that country, at which they will be able to elicit the views and opinions of the profession at large on this all-important subject, and to enter upon some specific arrangement, as may seem most desirable to the majority, so as to be prepared to put the legislature in possession of what to them may seem the most desirable system of medical reform. For as to the necessity for some plan of reform, I imagine there can be no second opinion upon this subject. But what the plan of that most desirable reform may be, appears the "vexata questio," the grand point, about which there are so many and various opinions. Having, some time ago, had the honour of an interview with a very influential member of the House of Commons, and who has taken a very lively interest on this subject, not being just now at liberty to use his name, I only mention what, as far as my recollection serves me, he at the time said, when talking on the subject of medical reform: "While your own profession is so divided, and from the different representations as made to the House from time to time, by several interested and influential bodies, I am strongly of opinion that no extensive plan of reform will be finally or specifically legislated upon for some time to come." Should this be, as I apprehend it is, a very prevalent opinion amongst the members of either House of Parliament, it ought and should in my mind impress the more forcibly on all feeling an interest on this subject to exert themselves, and to lend their support and influence to a cause so deserving of their cordial aid. It would also lead me to infer, that we should look for medical reform, not by wholesale or extended measures, but by partial or moderate measures. Why may not we at this side the channel take a hint from our brethren in Ireland, and have some similar general day of meeting agreed upon. Would not this subject be well deserving the attention of the many efficient and practical societies in the metropolis; as also of the British and other provincial medical associations? Should the foregoing remarks meet your approbation, I would feel obliged by your giving them a place in your next publication.—I have the honour to remain, Sir, your much obliged and obedient servant,

James B. Thompson, A.B., M.D.,
Surgeon Accoucheur, &c. Member of the Medical Association in Ireland, and of several other Medical and Surgical Societies.
33, Upper Gower Street, University College. Dec. 27, 1841.

NEGLECT OF CLINICAL INSTRUCTION AT THE WESTMINSTER HOSPITAL.

To the Editor of the 'Medical Times.'

Sir,—Knowing your willingness, on all occasions, to espouse the cause of medical students, the students of the Westminster Hospital would be exceedingly obliged, if you could in any way induce the *Surgeons* either to give clinical lectures, (which they advertised to do), or regularly to offer some remarks on the cases in the hospital when visiting the wards. According to the present mode of conducting this hospital, it is impossible for a student, however industrious, to reap any advantage from what he had so *dearly paid* for. You will, no doubt, be greatly surprised when I inform you, that *Mr. Guthrie*, the vice-president of the college, has only given *one* clinical lecture during these three months, and that one a very short one. The clinical lectures have been regularly given by the Physicians, and it gives me great pleasure to observe that they are inserted in your valuable Journal. Ought not the Surgeons, sir, to follow their example? How can Mr. Guthrie expect students to be acquainted with the *practical* part of their profession, when the senior members set them so bad an example? Are we to obtain all our knowledge from *books?* Another great evil, which ought to be remedied, is that they have not a case-book in the hospital, to which a student can refer. Ought not a case-book to be kept by the dressers, and the surgeon append his remarks, so that every student could avail himself of them? Hoping that you will take up the subject, I remain, sir, your obedient servant,

Studens Westmonasteriensis.

[We cannot read our Correspondent's simple and unimpassioned statement of his and his fellow-student's grievance, without blushing for the honesty and honour of the men whose *position* at least places them in the highest rank of the profession. If we overlook the awful responsibilities of the medical preceptor and the fearfully mischievous influence of his neglect of duty, on the fortunes of his numerous pupils—there is yet a principle of common *honesty* in question, which should secure for the pupils the performance of his engagements. Mr. Guthrie's lecture happens to be in our possession, and we shall certainly publish it next week, to give our readers an opportunity of seeing how little a President of the Royal College of Surgeons thinks a public medical teacher may do, consistently with the full discharge of his duty to his pupils. We may add, that we have submitted this case to a friend learned in the law, and that he assures us, that our Correspondent has only to proceed against the authorities of his hospital for obtaining money under false pretences, to get a verdict against them in any Court in Christendom.—Ed.]

PREPARATIONS OF THE EXTRACTUM COLCHICI ACETICUM AND THE ACETUM CANTHARIDIS.

Mr. Scudamore addresses to the Medical Gazette a few remarks respecting the preparations introduced for the first time in the last Pharmacopœia, viz., the extractum colchici acceticum, and the acetum cantharidis. The formulæ of both these preparations, as directed in the Pharmacopœia, he says, differ in some important particulars from what he *originally* suggested many years ago.

In 1823, he expressed himself as follows on the subject of the acetate extract:—"For the last two or three years, I have been in the habit of prescribing an extract obtained from the acetum colchici by inspissation, which, in order to secure uniformity in the medicine, I have hitherto directed as prepared at my desire, by Mr. Gordon, of Oxford Street. I have never in any instance found it disagree in any respect, and I consider it a very useful and convenient form of medicine."

The method to which he gives the preference, consist simply in inspissating, by means of a gentle heat, a saturated infusion of the dried roots (carefully selected) of the colchicum autumnale in acetum destillatum; the evaporation being carried on till the mass became of the consistency of honey. He believes that the root in the dried state is in a more favourable condition for yielding its active principles than when fresh; that with these the acetic acid forms such combination as to furnish a medicine of superior properties; that one grain of this extract represents a fluid drachm of the acetum colchici. Yet it may certainly be given with more freedom than the fluid preparation, as not tending to disorder the stomach; and allowing so conveniently other medicines to be given in conjunction with it, calculated to favour further indications than that of counteracting the gouty or the rheumatic irritation, the only legitimate purpose to be answered by this medicine when prescribed for these disorders. Colchicum, he says, in no form in which it may be employed in the treatment of gout, should be considered in any other light than as a palliative remedy; and he thinks the greatest error committed in its administration has been the trusting it as a curative agent; neglecting the more important consideration of looking to the exact state of the constitution; ascertaining the visceral conditions or other circumstances, in relation to which the gout may stand but as a symptom; and he affirms that it is the best or the worst remedy in gout, accordingly as it may be employed.

There is less objection in principle to the separate administration of colchicum in rheumatism than in gout, as the disease may not necessarily be so much connected with, and depending upon, external visceral disorder; but here also a combined treatment will be found the most rational and useful.

Years ago he gave the following statement of the other preparation, the acetum cantharidis:—"It happens with some persons that even a blister causes a degree of irritation too disturbing for the general system. I have used with advantage as a convenient counter-irritant a saturated infusion of cantharides in the strongest acetic acid. It is a very manageable remedy, and in many ways highly convenient. If used diluted, it will act as a rubefacient; if in its state of concentration, it will vesicate in a short time. It may be applied by means of a strong camel's-hair brush to the smallest extent of surface, and in any situation."

He does not recommend it as one calculated to supersede the use of the ordinary blister plaster, which has the advantage of acting more on the deeper-seated vessels, and in its vesication producing a more dense serum, and by a more gradual operation, which is often desirable. When, however, a very prompt counter-irritation and vesication may be desired, and also when particular situation or other motives of convenience come to be considered, this liquid blister is a very valuable resource.

MEDICAL NEWS.

Quarrel between the Medical Practitioners of Carlisle and the Governors of Cumberland Hospital—The following is the state of facts given exparte, by Dr. Richard James, the honourable secretary of the combined medical practitioners of Carlisle. On the 20th of July last, a circular was addressed to each of the medical practitioners of the city, announcing that the Cumberland Infirmary was about to be opened, and requesting to be informed whether they would give their support to it by rendering their services gratuitously. Nearly all replied they would. Eleven days after, the governors announced in the Carlisle newspaper, that the two physicians whom, on the 11th of August, they meant to elect must neither practise surgery, nor be connected in partnership with any surgeon, apothecary, or accoucheur, and that the two surgeons to be elected must be members of one or other of the four colleges. The restriction to *pure* physicians was pronounced, by the majority of the medical practitioners of the city, to be "unsuitable to the circumstances of the place;" and the limitation of medical officers to *four* permanent men, to be injurious to the interests of science, and the numerous other practitioners of Carlisle.—Accordingly, on the 9th of August they met, and addressed a memorial to the governors, expressive of their opinion to that effect. Doctor Barnes refused to join the memorialists. The governors on the 11th of August elected—having only one candidate—one medical man of seventeen in the town, Doctor Barnes, to the office of physician, and asked the memorialists to meet them, by a deputation, on August 18th. Assent was given to the deputation, and five gentlemen named to form it. But as a preliminary step, the medical practitioners required that the appointment of Dr. B. should be previously rescinded. The governors postponed the conference to the 25th, two days before which the medical gentlemen passed an unequivocal resolution that the removal of Dr. Barnes must precede any conference with the governors.—On the 25th, the governors accepted Dr. Barnes's resignation, and referred the memorial to a committee, to reconsider the rules relative to the appointments, and to invite the medical gentlemen to a conference on the 1st of September, when the majority of the memorialists attended the meeting of the committee, and a discussion ensued.—But, finally, nothing was yielded by the governors, and seeing little hope of a voluntary change in the rules of the hospital, an address to the governors on the subject was signed by the following gentlemen on the 20th Sept.:—Wm. Jackson, M.D.; Thos. Elliot, Surg.; Rich. James, M.D.; Jas. Marr, Surg.; R. Atkinson, M.D.; E. Bowman, Surg.; R. Oliver, Licentiate Royal Coll. Physicians, London; Peter Linton, Surg.; Wm. Elliot, M.D.; F. W. Kerr, Surg.; John Mortimer, Surg.; Jos. Cartmell, M.D.; John Hodgson, Surg.; Wm. Dalton, M.D.; W. Nicholson, Surg. —The object being to remove every impression that might tend in any manner to induce the belief that the memorialists had acted in this matter from insufficient motives, and to leave no ambiguity or misapprehension.—On the 22nd of September, the governors agreed to rescind the rule under which they had refused to elect physicians in general practice, but at the same time sent word to the memorialists, that they considered that the memorialists had "been unable to show any clearly-established and approved case of the general admission in *rotation* of the whole medical faculty of a locality," and that, therefore, the governors "had not before them any sufficient data whereon they could recommend the adoption of that system."—Thereupon the governors advertised again for two permanent physicians and two surgeons, to be elected on the 3rd of November. But the memorialists persevered in their attempt to change the plan in its yet deficient point. The town contains, besides the new infirmary, a fever hospital and a dispensary; and being aware, as Dr. James says, "of the imperfect system upon which the professional duties of those establishments were conducted, the memorialists drew up a statement explanatory of its defects, and containing a plan upon which they proposed to work the whole of the medical charities in the town. This plan was as follows:—"1. That to each of the three institutions there should be appointed, viz.,—"To the *infirmary* two physicians and two surgeons.—To the *dispensary*, besides the paid apothecary,

two medical officers, to attend each during two days in the week at the dispensary, to prescribe for the patients who might be able to come there; and three or more other medical officers, who should regularly visit and prescribe for the home-patients in the districts respectively assigned to them.—To the *fever hospital*, two physicians."—2. That at the end of each year all the medical officers should retire from their respective appointments, and a regular interchange of duties should take place."—On the 3rd of November this recommendation was read at a meeting of the governors, who did not adopt it, and announced that "nothing remained but to at once procure a properly-qualified surgeon, who should take upon himself, in conjunction with Dr. Barnes, the care of the patients."—This was followed, by an announcement that the governors "being most desirous not to adopt any measures which might be injurious to the medical practitioners in Carlisle, were willing to elect *the three first gentlemen* mentioned in the letter to fill up the vacancies in the infirmary;" in which proposal the memorialists unanimously rejected.—In this manner the negotiation terminated, and the governors went *out of the town for a surgeon for the hospital*, to whom, with unqualified leave to devote what time he could to private practice, they awarded a permanent salary from the funds of the institution.—The address thus concludes:—"That one member of the profession (and he a governor of the infirmary) should have thought proper to oppose their views, may appear to be somewhat remarkable. But Dr. Barnes has long enjoyed the distinction of being physician *extraordinary* to the dispensary; and without taking any important share in the duties of the Fever Hospital for a considerable number of years, has also been nominally the sole physician to that institution; whilst the burden ot the latter service has been most ably sustained by Dr. William Elliot, under the title of house visitor. That Dr. Barnes should be unwilling to relinquish a system of which he must personally be so well able to appreciate the value, can therefore afford no ground for remark.—The oddest circumstance in this case is, that the subscription list of the charity is only £300 a year, while the maintenance of the establishment requires £1300; we presume that the governors in giving salaries acted on the old principle—"as well be hung for a sheep as a lamb."

Westminster Medical Society.—Saturday, Dec. 11, 1841. Dr. A. T. Thomson related the case of a young man now in University College Hospital for purpura: he was a butler, and had recently lived well and taken little exercise; he had formerly lived in the country, and had been much employed in gardening; he was very plethoric, pale, and leucophlegmatic; his habit, however, was that which used to be denominated *plethora ad molem*, and not of the usual kind; he was fair and of effeminate appearance, and his constitution appeared to be broken down. He had been for some months in the Middlesex Hospital for purpura, the ecchymosed spots covering the arms and legs, but leaving the trunk free. During his stay here, he once had a slight attack of hæmoptysis; he was admitted into University College Hospital for a second attack of the disease; the spots were confined to the extremities, and there was no bleeding from any of the mucous membranes. He was at first treated by tonics, but this appearing to have no beneficial effect, he was ordered to lose small quantities of blood, and to take tonics afterwards, consisting of the salts of iron and nitric acid. The blood was slightly cupped and much buffed, but otherwise presented nothing remarkable. Under this treatment the spots disappeared for three or four days, so long as he lay quiet in bed, but they returned again as bad as ever when he had been in the erect position for a few hours. There was an ecchymosed mark caused by the ligature employed in the venesection, and this mark remained quite distinct for three or four days. Any prominent part at which pressure was exerted, as, for instance, the elbow, when he had leaned upon it during sleep, exhibited an ecchymosed spot. It was conjectured that the veins were the vessels from which the extravasation of blood took place. Under these circumstances, and looking at the condition of the blood itself to be the chief cause of the disease, that there was a fulness of the vessels, while at the same time there was a want of tonicity in them, the plan of action was changed. It was now thought advisable to empty the vessels without reducing their tone, and to follow up this by an attempt to improve the secretions, and thereby improve the condition of the circulating fluid. To effect the first object, a sixth of a grain of elaterium with a grain of calomel was given every morning; and to fulfil the latter indication, dilute sulphuric acid with quinine was administered. The elaterium purged the patient freely; the acid was increased in quantity until he took seventy-five drops three times a day. The treatment was successful; the patient had now been up and about for ten days, and there had been no return of the eruption. Now, in this case, and in those of a similar kind, what was the condition of the blood, or how was it extravasated from the coats of the veins?—Dr. J. Johnson remarked, that he had never seen a case of this disease fatal, unless it was accompanied by hæmorrhage from the mucous surfaces. It was well known that in the treatment of this disease practitioners were in the habit of employing diametrically opposite plans; Dr. Parry used to bleed and purge freely, others gave tonics; both plans seemed to be equally successful. He (Dr. J.) usually gave purgatives followed by the mineral acids, with the best results. It was difficult to say whether the blood in these cases came from the arteries or veins, it was probably extravasated from the junction of the two—the capillaries.—Mr. Snow believed purpura to be usually the result of an impoverished state of the system, and mentioned a case in which it appeared to be caused by starvation, and was removed by a proper supply of food.—Mr. Fisher had attended a young lady, fifteen years of age, and very plethoric, in whom there was not only purpura of the surface, but effusion of blood from the uterus, bladder, intestines, and on the tongue. The symptoms gave way to purgatives, with occasional doses of calomel.—Dr. Chowne said, that purpura was usually associated with a debilitated state of the system, but that it might be necessary to deplete in some cases. Might no much good have been done in Dr. Thomson's case, by the elaterium and calomel having put the stomach and bowels into a better condition? The pathology of purpura was obscure, and though, as he had said, it was usually associated with debility of the system, it occasionally occurred in persons in full health. He related the case of a lady, shortly before confined, in whom, in consequence of some symptoms of peritonitis manifesting themselves, it was deemed advisable to order venesection. Half an hour after the blood was taken, she was covered with petechia, although before the bleeding she had not a spot upon the surface.—Dr. A. T. Thomson believed that the chlorates and chlorides had no specific influence in these cases, and acted merely as stimulants. In Russia the soldiers instead of salt had money given to them; this they usually spent in drink, and soon became affected with purpura. They went into hospital, where, under the use of chlorate of sodium, they soon got well.

Academy of Medicine, Paris.—*Scarcity of Food a cause of Mortality.*—M. Double read a report on a memoir by M. Melier, entitled "Researches on Alimentary Substances in their relations to disease and mortality."—In this memoir M. Melier established, by numerous documents derived from various nations, that the number of deaths always corresponds to the price of food. An economist has said, that wherever a loaf grows, there a man is born. Nothing, then, can be more accurate than this metaphor. If we represent the fluctuations of mortality and those of the price of bread, at various periods, by two curves representing all the fluctuations of these numbers, we shall find the inflexions of the two curves correspond with the most perfect regularity. The constant augmentation of the population of France since a certain period is easily explained by the progress of agriculture, by the changes in legislation respecting corn, but above all by the introduction of the potatoe. In examining this subject, it must be borne in mind that the effects of a dear season are more felt in the following year than during the dear year itself.—It appears, said M. Donné, from all scientific documents on the subject, that the price of corn exercised, *formerly* (I insist on that phrase), a great influence on disease, on the number of admissions to hospital, and on the rate of mortality. M. Melier has entered into similar investigations respecting more recent periods, and has come to the same general result.—There is, however, a certain difference arising from the progress of civilization, between the results of former and recent observations. For example, in 1816 and 1817, when wheat cost 36 francs the hectolitre, and a loaf cost at Paris about one franc, the number of deaths, though above the average of common years was yet not excessive. The reason of this was, that the other conditions of existence did not vary in the same proportion. We shall briefly examine some of these other conditions.—There is a general fact resulting from the history of nations, which may be thus stated, "*Nature supplies food; man causes famines.*" Famines, in a word, are often the consequence of causes quite unconnected with scarcity of food. Political commotions, panic, terrors, &c., may cause a famine; and it is easy to see that the present diffusion of knowledge and the improvement of social institutions render it possible to remove many causes of this class. Again, the improvement of agriculture has supplied various alimentary substances which supply the place of corn, insomuch that we may say that at present in France the supply exceeds the consumption. The extension of commerce. the rapidity of communication, the better regulation of the customs, have acted in the same direction, by preventing monopoly by the rich, and lessening the privations of the indigent.—Short crops, producing famines, are usually the result of seasons which prevent the ripening of grain. And thus we have usually superadded to the deficiency of quantity a deterioration of quality, which is a new cause of disease. Industry too, especially agricultural labour, is suspended or diminished; but labour, we know, is not merely a means of subsistence, but also a condition of health, and an element of morality. Here, then, are additional causes aiding in the deterioration of the public health.—M. Villermé stated that M. Melier's memoir seemed to him to establish a fact of cardinal importance.—When the price of corn exceeds a certain amount, the public health suffers and mortality augments.—This proposition has been already tacitly adopted

by every one, but Melier has the merit of giving mathematical certainty to what has been hitherto but an assertion. M. Melier has done justice to the authors who preceded him; but he has not spoken of the researches of John Barton, which is not indeed surprising, as that author's work was bought so rapidly, that it is at present hardly known in France, or even in England. It may be, therefore, interesting to the Academy to hear a brief analysis of its contents. Mr. Barton divides England (excluding Scotland and Ireland into three districts, according to the branches of industry respectively prevailing in each :—1. The agricultural districts. 2. The manufacturing districts. 3. The mixed manufacturing and agricultural districts. Examining the progress and the proportion of deaths in these several districts, during a period of about twenty years, it appeared that during those years in which bread was cheap, the mortality diminished in the manufacturing districts, but that this was compensated by an augmentation of the mortality in the agricultural districts. This result was constant, and was verified in each district separately. Mr. Barton explains the fact rationally, by saying that in the cheap years the farmer derives less profit, and employs fewer labourers, which class consequently are ill fed, and the consequence an increase of mortality. On the other hand, there is an increase of mortality in dear years, but this increase occurs chiefly amongst the manufacturing population ; unless, indeed, the rise of price is exorbitant, in which case, the mortality is equally shared by the manufacturing and agricultural population. The reverse of the explanation given to explain the effects of the cheap year, explains the effects of the dear year.

Animal Magnetism.—Mons. Lafontaine again lectured on Friday evening, 24th ult., at the Manchester Athenæum, and entered into a long explanation of the points of difference between Mr. Braid's experiments and his own According to his opinion the animal magnetizer has the power, 1st, of producing a state of somnolence ; 2nd, perfect sleep, marked by total unconsciousness and insensibility ; 3rd, of destroying and reproducing at will consciousness ; 4th. of producing or removing catalepy at will, and of removing or producing convulsions, and these various phenomena are marked by others of accelerated pulse, perspiration, and augmented difficulty of breathing. Mr. Braid's subjects, however, close the eyes, but do not sleep ; obey instructions they may receive, walk, and talk as in the normal state ; the moved limbs retain the position given them, and that position may be varied by an impulse of the subject, and then all the sensations amount to a mere aching of the eyes, inability to keep up the eyelid, occasional sickness of the stomach, and stunning in the head.—The lecturer renewed his experiment on the young man he operated on when in London, and with apparent success. The English girl, Isabella, then followed, and was megnetized and bore the consequent tests much apparently to the satisfaction of the meeting. Elizabeth Wilcock, the deaf and dumb girl, then took the chair, and gave satisfactory proof of improvement in her powers of hearing and speaking; and the lecturer declared that another patient not present, who had been recently operated on, showed an equally remarkable amelioration ; her friends, who were present and highly respectable, offered no dissent to the lecturer's assertion.—On the following day (Saturday,) M. Lafontaine exhibited the same experiments, the only novelty was the production of a fresh subject—a girl whom the lecturer had never seen, except in the presence of many witnesses ; she bore the tests, proving her total insensibility with an indifference which, if there be collusion in the matter, prove in her more than Spartan powers of endurance. Mr. Braid, who was present, acknowledged the success of the experiments, and Dr. Cantor made a luminous review of the whole proceedings, giving in his acquiescence to the truth of the phenomena exhibited by both Mr. Braid and M. Lafontaine. Mr. Braid has been delivering lectures illustrative of his "discoveries," and satisfying large audiences of the power of mere mechanical agencies of producing sleep, insensibility, and the other remarkable phenomena usually connected with that occult something, by some called the magnetic fluid. We have not space for the lecture.

A Belfast Journal mentions the case of a man dying of hydrophobia caused by the bite of a cat in a rabid state.

To the Editor of the "Medical Times."

Royal College of Surgeons, London.
26th December, 1841.

Sir,—I beg leave to transmit to you the enclosed document, and to request that you will be pleased to give it a place in your Journal, as it contains information which is of importance o many members of the profession.—I am, Sir, your most obedient humble servant,

Edward Belfour.

Royal College of Surgeons, London,
16th December, 1841.

The President and Council, finding it necessary to reprint the lists of the members of the College early in the ensuing year, all those members who have not attended to the wishes of the council as expressed in their notices of the 8th of April, and the 14th of October, 1841, are requested to send in their names, with the dates of their diploma, and their present residences, between the 1st of January and the 1st of February, 1842, on which latter day the list will be sent to press.

Edward Belfour.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted members on Friday, December 24th, 1841 :—

H. G. Bull; F. De P. Carrillo; D. H. B. Haynes; S. J. Thomas; J. Thomas; G. J. Scale; B. Winstone; G. Yeo; J. Spencer; J. Peet; H. B. Hepworth; F. H. Tweddell.

APOTHECARIES' HALL.

List of Gentlemen who received their Certificates, on Thursday, Dec. 23rd, 1841 :—

John Philip Lawrence; John F. Chittenden S. P. Goddard; W. G. Davis; Thomas Seaton : James L. Winchester; John I. Swindell; James T. Brumwell; Herbert W. Swayne; John Young; John Hudson: John Underwood; John Davies; Joseph Cogers; John Waggett.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

47th Foot.—Staff Surgeon of the second class, Robert Battersby, to be Surgeon, vice Mair who exchanges.—Hospital Staff—To be Staff Surgeon of the second class, Assistant Surgeon Robert Hope Alston Hunter, from the 2nd Foot. Surgeon John Mair, M.D., from the 47th Foot, vice Battersby, who exchanges.

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CLINICAL LECTURES ON VESICO-VAGINAL FISTULAS, AND THEIR TREATMENT.

Delivered in the Hospital of La Charité, by Professor VELPEAU.

THE name *vesico-vaginal fistula* is given to a solution of continuity, forming a communication between the vagina and bladder, through which a continual or intermittent but involuntary discharge of urine takes place by the vulvo-uterine canal. We may easily understand that, considering the thinness of the vesico vaginal partition, the denomination of *fistula* does not point out in the clearest manner this form of lesion; but custom has consecrated its use, and there would evidently be no advantage in substituting another for it. When we reflect on the number of women affected with vesico-vaginal fistulas, and on the painful and disgusting consequences of this disease, one is perfectly astonished that surgeons have hitherto paid so little attention to it. In fact, before J. L. Petit we had no precise authority on this subject; and we must moreover add, that this celebrated surgeon himself has only spoken of it in a very superficial manner. This silence can only be accounted for by attributing it to the then generally received opinion, that the radical cure of this operation was beyond the resources of art; we shall find a proof of this in the following case, mentioned by J. L. Petit:—A lady, the subject of a vesico-vaginal fistula, occurring after a difficult labour, came to consult him. Petit, at the desire of the patient, assembled the head surgeons of the capital; the re-union of the wound seemed to them the only curative indication; still they could discover no means capable of procuring it. One proposed the suture; but he recoiled before the difficulties of the operation. They then decided merely on employing palliative means. Dessault and Chopart, who have justly acquired to great a reputation in the treatment of diseases of the urinary passages, dwell so little on this affection, that one would be tempted to believe that hitherto all the resources of art had been found wanting, and that surgery possessed but palliative means to oppose to vesico-vaginal fistulas. These two surgeons speak, it is true, of some successful results obtained by means of their process; but we shall return to this hereafter. We may however advance, without fear of contradiction, that previous to the commencement of this century, science had only, as it were, caught a glimpse of this important question, and that vesico-vaginal fistulas have only, within the last 15 years, more particularly fixed the attention of surgeons. We may even with justice say, that the memoir published in 1825, in the *Archives Generales de Medicine*, by M. Lallemand, of Montpellier, awaked attention to this subject. But since that period more or less important researches have been published on this point of pathology; surgery has multiplied the means of investigation; all the resources of art have been placed under contribution to enable us to triumph over so disgusting an affection. I shall hereafter inquire how far we have gained the end proposed. At the present day, then, we possess sufficient materials to be able to present a satisfactory, if not a complete history of vesico-vaginal fistulas. I do not here intend to enter into all the details belonging to such a question, my principal object is to present you some considerations of an entirely practical nature. These considerations will, I am convinced, elucidate the treatment of this affection, and probably put an end to all those discussions which are still so often raised amongst us, as to the efficacy or inefficacy of the means hitherto possessed by surgeons for overcoming this disease.

Vesico-vaginal fistulas have been divided into congenital and accidental; the former are undoubtedly by far the most uncommon. A few instances only have been recorded. Their formation is explained by an arrest of development in the vesico-vaginal partition during fœtal life. Accidental vesico-vaginal fistulas may depend on a variety of different causes, to which I must for an instant direct your attention. The most frequent of all is doubtless a long and difficult accouchement. All surgeons and accoucheurs are agreed upon this point. We may easily understand, that when the head of the infant remains for a long time fixed in the superior strait of the pelvis, it must cause a more or less powerful pressure of the vesico-vaginal partition against the pubis—a pressure which may give rise to gangrene in this partition, and consequently a fistula of this portion of the urinary apparatus after the separation of the eschar The same accident may arise when the infant presents by the breech, or by the inferior extremities; many such instances have been mentioned. M. Lallemand relates five cases of vesico-vaginal fistulas arising in women in whom the presentation was by the feet. In these cases, the discharge of urine by the artificial passage does not take place immediately after the accouchement; it is necessary that the gangrenous eschar should be previously detached; consequently it is only after the third, fourth, sixth, and sometimes even the fifteenth day, that the women become aware of their infirmity. Frequently even the incontinence of urine is preceded by a retention, owing to the inflammation which is developed around the gangrenous parts, and which reaches the neck of the bladder. Bad obstetrical manœuvres, a wrong use of the forceps, the crochets, the craniotomy forceps, &c., may also lead to the same result. Sometimes even the vesico-vaginal partition may be torn directly by the instruments, and then the urine escapes immediately by the vagina. Vesico-vaginal fistulas have been produced by fragments of the scull of the dead fœtus, whose head had been opened without due precaution. Tumours or bands developed in the vagina should also be enumerated among the causes which may give rise to this infirmity. We may in fact conceive that these tumours or bands, forming an obstacle to the free exit of the child, may retain it a longer or shorter time in the passage, and thereby cause a compression of the vagina and bladder, a compression which as in the preceding case, might cause a gangrenous inflammation, and thence a more or less extensive perforation of the vesico-vaginal partition. J. L. Petit mentions a case of this kind which occurred in a lady, in whom a tumour, of the size of a egg, was situated above the external orifice of the vagina. All these circumstances should be constantly presented to your mind, when called to a laborious accouchement. Vesico-vaginal fistulas may also arise from other causes than lingering labours; I will make you acquainted with them in a few words. They are ulcerations, whether cancerous or venereal, of the anterior wall of the vagina, and even of the neck of the uterus; the prolonged stay of a large calculus in the bladder; abscesses developed in the substance of the vesico-vaginal partition; pessaries left too long in the vagina; the progress of uterine cancer; the extirpation of the womb, or merely the amputation of the neck of this organ. I could mention many cases of this kind which are recorded by various authors. The vesico-vaginal incision may also become fistulous; thus in three women operated on by M. Clémot, one remained affected with urinary fistula; three of the patients operated on by M. Flaubert, have also become the subjects of this malady; one also operated on by M. Rigal was not more fortunate. Still we may say that incisions of the vesico-vaginal partition, when free and clean, and the lips of which have been properly brought together by the various methods of union adopted at the present day, will most frequently be secure from this accident. Vesico-vaginal fistulas may also be produced by foreign bodies contained in the bladder. Thus, besides calculi, of which I have already spoken, pins and long needles have been introduced into the bladder, through the urethra, and have afterwards given rise to a perforation of the vesico-vaginal partition, and so to the disease of which we are treating. Morgagni mentions a case of this kind; Morand also reports another instance in the *Memoires de l'Academie des Sciences* for the year 1735.

I shall not dwell any longer on the causes which may give rise to vesico-vaginal fistulas, but shall proceed to considerations more closely related to practice. The precise seat of vesico-vaginal fistulas has not sufficiently attracted the attention of surgeons; their shape, extent, direction, and the date of their formation, have not been studied with sufficient accuracy. We shall see, when considering the treatment of this affection, that these are essential circumstances, without the knowledge of which it is impossible to arrive at any degree of precision. Vesico-vaginal fistulas are sometimes seated in the neck of the bladder, sometimes near the neck of the uterus, above the opening of the ureters,, and sometimes between the two; this last position is most frequent. The aperture has ordinarily a transverse direction, but still many are observed which are directed longitudinally. Their form also varies very much; some are round, others more or less irregularly elongated. Sometimes there is a considerable loss of substance; at other times the lips of the wound are almost in contact, and the lesion only occupies the space of a few lines. Cases are recorded, where the whole of the vesico-vaginal partition was destroyed; but it would be giving a singular extension to the word *fistula*, to apply it to such a total destruction of the parts. Sometimes the lesion is recent; sometimes it is of a more or less ancient date; sometimes it results from a wound made by a cutting instrument, as I have already said, and then the edges are regular; at other times it is produced by a gangrenous inflammation. We shall hereafter consider all these circumstances in reference to the treatment of this affection; our next point is to seek the signs by means of which we may distinguish each of these varieties; for it is here, as I previously said, that all the elements of this question are found. It is difficult, according to most authorities, to be deceived in the diagnosis of vesico-vaginal fistulas. Here we must make ourselves understood; if by this we mean to say that it is easy to ascertain that the vesico-vaginal partition is perforated, this is perfectly true; for with the aid of a speculum, or else of a sound introduced into the bladder, and a finger carried up the vagina, or what is better still, if the fistula be perfectly straight, by injecting some coloured liquid into the bladder, all doubts in this respect are quickly removed. But it is not sufficient at the present day to know that the urine escapes by the vulvo-uterine canal, there is a variety of other particulars which it is necessary to leave. We will enter into some details on this subject. The escape of the urine by the fistula may indicate, to a certain point,

what is the precise seat of the lesion. Thus, when the solution of continuity exists at the neck of the bladder, the urine does not flow in a continuous stream, especially if the patient is reposing tranquilly in bed. In these cases I have seen women remain several hours, without losing a single drop of urine by the vagina; moreover, if the perforation be small, a great part of the liquid may escape by the urethra. When the fistula is seated above the opening of the ureters, the patients are also able to contain their urine for a longer or shorter time, especially if they remain seated or upright; the reason of this is perfectly apparent; but we may remark, *en passant*, that these are the most favourable cases. When, on the contrary, the solution of continuity exists at the *fundus* of the bladder, the urine keeps continually escaping by the vagina; this forms the principal obstacle to the radical cure of the disease. I may add, that we can also recognise the precise seat of vesico-vaginal fistulas by means of an attentive exploration by the vagina. You may also distinguish, with considerable facility, the form, extent, and direction of these fistulas by means of a soft wax bougie of sufficient size to fill the vagina, without distending it too much. This instrument, when introduced into the canal, and withdrawn with care, furnishes upon its surface pretty exact notions on this subject. In any case, when the fistula is rather large and constantly gives passage to the urine, we observe a series of symptoms, which prevent our confounding it with any other affection. The vagina, vulva, and thighs being constantly bathed by the irritating fluid, inflame, excoriate, and become the seat of smarting pains; sometimes even pustules are formed upon these parts, as well as ulcerations, which have often led to its being mistaken for a syphilitic affection. When the disease is of long standing, the lips of the wound become hard, callous, and more or less thickened. The patients are obliged to have a sponge constantly in the vagina, and to renew it frequently; and there is a repulsive odour about them. You must all at different times have observed instances of this kind, and therefore I think it unnecessary to enter further into details. The prognosis of vesico-vaginal fistulas is governed by the different circumstances enumerated above. Thus a solution of continuity seated at the neck of the bladder, or above the opening of the ureters, a wound of a regular form or of but small extent, without loss of substance, and of a recent date, form favourable circumstances; on the other hand, when the fistula exists at the fundus of the bladder, when it is of long standing, and there is some loss of substance, the radical cure becomes exceedingly difficult; I may even say that the observations which have been published on these cases, lead us to the opinion that cures are rare exceptions. In a memoir on this subject, published in the journal *L'Experience* M. Jeanselme has endeavoured to discover whether in any of these cases there has been a clear and precise proof that a lesion of this kind has been completely overcome, and after a minute examination, he has been led to the conclusion that there is no evidence of perfect success in a single instance: I must say that, for my own part, I am not altogether so incredulous as M. Jeanselme; still I am forced to acknowledge that there is reason to doubt almost the whole of the cases of cure which have been hitherto published. You may yourselves consult the memoir of M. Jeanselme, and I am persuaded that you will partake of my opinion.

Treatment.—Since the attention of surgeons has been directed to vesico-vaginal fistulas, a variety of means have been invented for overcoming this disgusting infirmity. We shall now review them in succession, and point out those cases in which they offer more or less chances of success. Before M. Videl (de Cassis) proposed the obliteration of the vagina, the treatment of vesico-vaginal fistulas merely embraced one method—namely, the *direct*; that is to say, all the efforts of art were concentrated in overcoming the solution of continuity. M. Videl adopted a new process, and it is to him that we owe the division of the treatment of this affection into two principal methods—the one, called *direct*, is that by which we act on the diseasd opening itself; the other, called *indirect*, is that by which we direct the curative means at a greater or less distance from the injured part. We still possess but one procceding in this latter division, namely, the obliteration of the vagina. The *direct* method, on the contrary, embraces a considerable number of plans, which I must describe to you in detail.

Desault's Method.—This mode of treatment is the most ancient, and the only one employed by Boyer; I should add, that it was known before Desault, and that this surgeon has only perfected it. It consists in leaving in the bladder a large catheter passed into it through the urethra, and introducing into the vagina either a linen plug, or the finger of a glove stuffed with *charpie*, or a piece of cork, or any other substance approaching a cylindrical form, and spread over with india-rubber or with wax. Whichever substance is employed, says Desault, it must fill up the vagina without distending it. To keep the catheter fixed in the bladder, Desault and Chopart invented the following apparatus:—instead of the double T bandage, to which the strings carried through the extremity of the instrument are attached, these surgeons constructed a sort of truss, the cushion of which is placed over the *mons veneris*, and which presents in this part a metallic plate curved into the form of an arch, which descends at will on the fore-part of the pudendum, and which is open at its extremity, to receive the catheter. But this is a very complicated apparatus, and which, in fine, does not appear to secure much more steadiness or advantage than the linen apparatus employed by other practitioners. After having observed some long-standing vesico-vaginal fistulas, and having noted the callous state of the lips of the wound, I am quite astonished at the assertion of Desault and Chopart, as to the cure (by such simple means) of a disease, which at the present day resists so many plans of treatment of much greater energy. If they had limited the efficacy of this method to fistulas of the urethra and the neck of the bladder, and if, in fistulas of the fundus, they had confined themselves to denominating it a palliative and useful means, all surgeons would have been of their opinion. We must, however, except from our encomium, the employment of the plug, which, as we may easily conceive, must necessarily present an obstacle to the closing up of the fistula. But to sustain the assertion, that in adopting this proceeding they have been enabled to cure urinary and vaginal fistulas of long standing, through which the finger might be passed into the bladder, some material proofs should have been given. Desault and Chopart are silent on this head; they merely instance a single observation, which is far from inducing a conviction. Since it is necessary likewise to wait months, sometimes even years, to obtain a perfect cure by aid of this method, may we not believe that the fistula then disappears spontaneously, by the efforts of nature alone? The method of Desault can therefore merely be a palliative means, but it is a necessary auxiliary to other proceedings in cases of fistula at the fundus of the bladder. Strictly speaking, we might even leave to it the cure of certain fistulas of the urethra and of the neck of the bladder. Yet we may say, that by combining it with cauterization, the radical cure will be much more certain, and require much less time for its performance. But we flatter ourselves with a vain hope, if we believe that we can by this method cure fistulas of the fundus of the bladder of long standing, and where there is a loss of substance. Still this proceeding is far less dangerous than the employment of other means, and always gives greater or less relief to the sufferings of the patient. Moreover, in a number of cases, it is perhaps the only and last resource for those unfortunate women, who have exhausted all surgical means without any profit. I should here mention a modification made by M. J. Cloquet in this apparatus. That surgeon, persuaded with myself that the continual contact of the urine with the lips of the fistula constitutes the principal obstacle to their union, has employed a kind of pump for removing the urine from the bladder. But you will easily understand that whatever means are employed, we can never succeed in removing the edges of a fistula, situated in the fundus of the bladder, from the entire contact of the urine.

Cauterization.—The object which the surgeon proposes to himself by cauterization is to provoke upon the edges of the fistula a sufficient degree of inflammation to cause adhesion. This is a method deserving the particular attention of practitioners, and appears to have succeeded in cases where the solution of continuity is seated at the neck of the bladder, or is but of small extent. It may be performed with nitrate of silver, the actual cautery, and the various concentrated acids. Still experience has shown that these latter agents should be excluded from practice. The actual cautery has he advantage of acting more quickly, and with greater energy, than the nitrate of silver; but it unfortunately exposes to the formation of an *eschar*, and the destruction of the tissues which we wish to confine to inflammation; it is also much more difficult of employment; nitrate of silver should therefore be generally preferred to it. The actual cautery ought to be employed in particular cases only, as for instance, when the edges of the fistula are callous or very difficult to irritate. Most frequently it is not an easy thing to cauterize effectually the lips of the fistula, on account of the depth of the lesion; surgeons, therefore, have employed various means for overcoming as much as possible this difficulty. Thus Dupuytren carried the nitrate of silver fixed at the extremity of a metallic stick, or of a pincers provided with a ring. M. Lallemande de Montpellier has contrived for a caustic-case a species of flat ring, having a spring which is firmly fixed against the extremity of the index finger; a small piece of nitrite of silver is enclosed in the interior of this ring. M. Flamand has also invented a very convenient instrument; it is composed of two rods, united in the middle by a pin; one of these rods is armed with caustic, the other forms a sheath to enclose it; the caustic is made to appear from beneath the sheath, by performing a slight rotatory movement. We may also make use of a simple dressing forceps in this slight operation, by fixing to its extremity a portion of nitrate of silver, by means of a piece of thread, in such a manner that the caustic shall form a right angle with the edge of the instrument. I have frequently adopted this expedient, and have always attained the desired object. The importance of this operation consists in drawing the nitrate of silver over the whole surface of the lips of the wound, for if we only touch the internal surface of the vagina, we shall not fulfil the required indications. The employment of the actual cautery evidently requires greater precautions. We should first introduce a speculum into the vagina. The common speculum answers as well as any other; still, to afford a greater protection to the surrounding parts, we may make use of a simple cylindrical speculum, with an opening on one side only. This instrument being introduced into the vagina, with the opening towards the fistula, we then pass through it a stylet reduced to a state of white heat, taking care to leave it in the part only for an instant, and to apply it a second time if requisite. Delpech has recorded, in the *Memorial des Hôpitaux du Midi*, a remarkable instance of success obtained in this way. This surgeon thinks that the actual cautery should not be allowed to act upon the circumference of the bladder, but only upon the vaginal portion of the fistula, with the view of preventing any loss of substance while exciting contraction in the part. This is an observation worthy of remembrance in a practical point of view. The following rule will enable you to distinguish those cases in which you should employ the nitrate of silver, from those in which the actual cautery would be preferable. When the edges of the fistula are neither thickened nor indurated, and are but little separated, the action of the nitrate of silver appears to me to be sufficient; but if the edges are hard, thick, and callous, and if they are widely separated one from another, this caustic would not be sufficiently energetic; we must then have recourse to the actual cautery. In whatever way the cauterization may be effected, it is a good practice to syringe out the vagina immediately afterwards, and place the patient in a bath. It is also necessary to leave a catheter in the bladder, so as to allow the urine to escape freely. Soon after the application of the caustic the lips of the fistula become inflamed

and puffed up; but these symptoms soon subside, and we must then repeat the operation. This should be done four, five, or six times, according to the advantage derived from it, or until the urine ceases to pass by the vagina. By this practice we may often succeed in obliterating fistulas of the neck of the bladder. When the fistula is reduced to a small size, it is in many cases difficult to obtain its complete closure; but, in these instances, we must not despair of success, for I have seen such cases become cured after the lapse of some weeks, although they had previously seemed to remain stationary. We have now merely to point out those cases in which cauterization is really advantageous. When the fistula is seated in the urethra or at the neck of the bladder, this means, combined with the use of the catheter, promises every chance of success. Many cures of this kind have been verified; in fact, we may easily imagine that, if the bladder be frequently emptied, and the edges of the fistula thus removed from the contact of the urine, there is no reason why this lesion should not yield to the employment of caustics; for I cannot too often repeat, that the prineipal obstacle to the healing of this affection is in the almost constant contact of the urine with the lips of the wound. But can we really depend on cauterization when the fistula is seated at the fundus of the bladder, and is, besides, of long standing, and accompanied by a loss of substance? The facts hitherto published are far from giving an affirmative to this question. The case reported by Delpech, however, shows that we should not completely despair of overcoming this affection. But even in admitting this as an undoubted cure, we must own that a single successful case is incapable of inspiring much confidence among surgeons. By an attentive examination of the other reported cases of cure, we shall easily be convinced that, in some cases, the fistulous opening was seated in the neck of the bladder or in the urethra, whilst in others, the details are not sufficiently satisfactory to induce a conviction of its removal. You must not conclude from what I have said, that cauterization should be neglected in these cases; on the contrary, I think that when the fistula is of small size, we ought to try this means, before having recourse to those other resources *which we have yet to examine.*

LECTURES ON CHEMISTRY,

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THE sages of antiquity long agitated the question, whether matter was infinitely divisible or not; but their inquiries were in vain. They attempted the solution of this problem by untiring argument and subtle casuistry alone, not even endeavouring to make use of auxiliaries so *theoretically* obvious, but so *practically* impossible, as weight and measure—auxiliaries which, after the immortal Newton, and other inductive philosophers, had found incompetent to the task proposed, the question as to the atomic constitution of matter was consigned in despair to the dreamy regions of metaphysics. Within the last few years, however, it has been discussed again on grounds altogether new; the atomic theory of matter, mathematical though it be, has found an advocate in a science apparently the most remote from itself—in the science, that is to say, of chemistry.

Crude and ill arranged as were the opinions of ancient philosophers on all subjects connected with natural philosophy, we must not expect to derive much advantage from a review of their speculations in reference to the two conflicting theories in question; I shall not, therefore, trouble you with an elaborate treatise on the subject, but shall merely lay before you so much of their opinions as may be interesting in an historical point of view.

Confining our attention for the present to the philosophers of ancient Greece, we must mention the Epicureans as being generally believed to have originated the doctrine that matter is atomic, although Dr. Daubeny, in a beautiful treatise which he has written on the atomic theory, traces the origin of this doctrine much farther back, and states "that it formed the groundwork of the cosmogany of Democritus, and was by him derived from Leucippus, who is generally regarded as its author." He proceeds, however, to mention, "that this same opinion was said to be held by Moschus the Phœnician, who is supposed by some to have flourished before the Trojan war; and if, as has been imagined, the monads of Pythagoras were corpuscular atoms, the Egyptians, from whom that philosopher derived so many of his tenets, may probably have a claim also to this." So much for the atomic theorists of ancient Greece. But it appears that Oriental scholars possess an evidence of its origin still farther east. Mr. Colbrook, in his Asiatic Researches for 1824, mentions that the Hindoos, from a very early period, have embraced the doctrine of atoms, and quotes the author KANADI, but does not make out the date of the system to which he refers. It would not answer either my purpose or yours to enter into further historical details connected with this theory. You may consult, however, with much interest and advantage, Dr. Daubeny's treatise before alluded to, a little work on 'The Atomic Theory,' written by the late Dr. Turner; and also Dr. Mason Good's 'Book of Nature,' where you will find a very elaborate account of the theory of Epicurus. With respect to the non-atomic theory of matter, we may regard Empedocles as having first directed public opinion to it, if not, as some imagine, its prime originator. He regarded all bodies as composed of fire, air, earth, and water, and infinitely divisible.

So much, then, for ancient testimony in connexion with the subject, and unsatisfactory indeed it is. Suppose we cast it aside altogether, forgetting if possible that the dispute has ever been mooted. Suppose, moreover, that we for the present pay no regard to the opinions of mathematical, chemical, or metaphysical reasoners, but merely see to what deductions our own reasoning powers will lead us, modifying our opinions, if necessary, by evidence hereafter to be received. This is a plan of procedure for which I am a great advocate. Nothing can be more inimical to the success of inductive philosophy, than to set out on our investigations with ideas cramped and judgment paralyzed by some respected name. Forget, then, that Epicurus, Empedocles, Pythagoras, or any other philosophers, ever advanced an opinion either for or against the atomic theory; look at the matter without the fear of experiencing difficulties, and see what you will make of it yourselves. The question at issue is merely this:—*Can matter be infinitely divided, or can it not?* If I select a mass of any matter, say, for example, a piece of lead, it is evident I can cut it in halves; each of these halves I may again divide, and subdivide, many times. Even when this *practically* is impossible on account of the smallness of the mass, yet *theoretically* it would seem possible—I say *would seem*, because we are very likely to confound two ideas, namely, the *space* occupied by the mass of lead, and the *mass of lead itself*. You may say, perhaps, that if the lead were composed of atoms, we might hope to see them by high magnifying powers; true, this is reasonable; Sir I. Newton entertained the same idea; but, on the other hand, it does not follow that because we do not see them, they *cannot* exist. So stupendous is the grand immensity of littleness which the microscope unfolds to our view; so elaborate are the structures of those puny things, to whom a dew-drop is an ocean far and deep; that we can surely contemplate without much scepticism masses immeasurably too small for the demonstration of our most perfect instruments; consequently, our incapacity to observe such little masses cannot be regarded by any reasonable being as evidence of their non-existence. Lead can be rendered soluble, and when soluble hydro-sulphuric acid turns the solution black. Now this effect can be witnessed in a single drop of a lead solution; and this drop may be almost indefinitely expanded between two pieces of glass, each point of which expanded drop yet appears black; proving that at least there must be one portion of lead in contact with hydro-sulphuric acid. By this experiment it can be proved that the ultimate particle or atom of lead cannot be so large as the $\frac{1}{883,492,000,000,000}$th part of an inch in size! yet this experiment affords no proof that lead is infinitely divisible. By this means and others it is astounding to contemplate the extreme smallness of material atoms, supposing them actually to exist. In gilding silver-wire a grain of gold is spread over a surface of 1400 square inches; and when examined by a microscope, the gold upon the 1000th of a linear inch is distinctly visible; it is proved that gold may be divided into particles of at least $\frac{1}{1,400,000,000}$ of a square inch in size! and yet possess all the colour and other characteristics of large masses. By solution it may be proved that the atom of indigo must be smaller than the *twenty-five hundred millionth of a cubic inch*; and, lastly, if we dissolve a fragment of silver of 0.01 of a cubic line in size in nitric acid, it will render distinctly milky 500 cubic inches of a clear solution of common salt. Hence the magnitude of each particle of silver cannot exceed, but must rather fall short of a billionth of a cubic line. But our ideas are positively lost in the immensity of this division. In order then to convey some notion of such a minute disintegration, I may mention that a man, to reckon with a watch, counting day and night a single billion of sounds, would require 31,675 years! The results of these experiments are indeed startling; but I again repeat they by no means prove that matter is infinitely divisible, and only awaken our surprise the more that, after the failure of so obvious a means of investigation, any other source of information should have occurred to us in elucidation of this intricate question.

Before proceeding further in our train of inquiries let us attach some precise meaning to the word atom. It simply means indivisible—incapable of being cut from *a, not*, and *temnein, to cut;* therefore, a portion of matter, were it so large as a mountain, if of such adamantine materials as should prevent our dividing it, would be entitled to the denomination of atom. Now we know from experience, that no large portion of matter is thus constituted. We know that if such indivisible portions of matter exist at all, they must be of sizes much too small for our observation; hence, we insensibly arrive at the term atom with something very small, although, in point of fact, the term has merely reference to *indivisibility*. This distinction, it is strictly necessary to observe, seeing that a great misunderstanding has arisen from the circumstance that philosophers have too generally confounded the idea of the divisibility of matter with the divisibility of the space which it occupies. I cannot entertain any other idea but that the space occupied by lead, for example, is infinitely divisible, although I can entertain the idea, nay I believe that lead itself is not.

Mere investigations of a mathematical nature, then, are incompetent to furnish us with one argument, either for or against the atomic theory. Let us now turn our attention to experiments relative to the definite proportions in which bodies unite together. Bodies, you will remember, unite, or rather appear to unite, in one of three methods:—

1. Unlimited in all proportions.
2. In all proportions within certain limits.
3. Limited, and in few proportions, bearing simple ratios to each other.

Now waiving for the present the first two cases of combination, as being inapplicable to our purpose, let us see to what conclusion we are led, by a consideration of the fact, that certain bodies unite in few proportions bearing very simple ratios to each other. Why can it be that not less than eight parts of oxygen by weight will combine with one part by weight of hydrogen? that if we desire still more oxygen to unite with one part by weight of hydrogen, we must just double the number, and employ sixteen parts by weight, because no intermediate quantity will combine. Why is it that not less than fourteen parts by weight of nitrogen will take the place of hydrogen in uniting with eight parts of oxygen? that if we desire to form another compound of oxygen and nitrogen, we must just double the quantity of the former and add sixteen parts; if we wish to make a third compound, that we must treble the number and add twenty-four parts; and so on up to the fifth compound, beyond which none else can be formed.

These facts surely afford us arguments in favour of the atomic constitution of matter. We naturally arrange our ideas in the accompanying form:—

Combinations of Oxygen and Hydrogen.

	Parts by weight. Ox.	Hyd.	Lowest proportions—atoms? Ox.	Hyd.
Protoxide (water) .	8	1	1	1
Peroxide	16	1	2	1

Combinations of Oxygen and Nitrogen.

	Parts by weight. Ox.	Nit.	Lowest proportions—atoms? Ox.	Nit.
Protoxide . . .	8	14	1	1
Binoxide	16	14	2	1
Hyponitrous Acid .	24	14	3	1
Nitrous do. .	32	14	4	1
Nitric do. .	40	14	5	1

In other words, the question naturally presents itself, What circumstance can determine the union of bodies in such a manner, except such bodies be atomic? If such bodies be atomic, do not the ratios of their combination, when reduced to their lowest terms, correspond with the relative weights of their respective atoms? Of course, the numbers being all relative, we may select the combining proportion of any substance at pleasure as unity. Dr. Thomson, for example, calls oxygen 1, so that hydrogen is eight times less than unity, or 0.125. Dr. Wollaston makes oxygen 10; Berzelius, 100; Dalton, Davy, Henry, Turner, Brande, and others, call oxygen 8; and make of course hydrogen their unity—a plan, which upon the whole is not convenient, as affording but a small number of fractions.

You will remember that some bodies unite in the ratio of $1+1$, $1+1\frac{1}{2}$, &c., such as the protoxide, and peroxide of iron. A fact which has been thought to militate against the atomic theory, because it has been said that we are obliged to assume the existence of half atoms; in other words, half of *something that cannot be halved!* an impossibility. This, however, is a mistake; in point of fact, there is no such necessity. The ratio of $1+1\frac{1}{2}$ may be just as well expressed by 2—3, and there is not the least reason why atoms may not unite in such proportions.

You will remark our evidence in favour of the atomic theory has been accumulated from the third variety of chemical combinations, namely, limited and definite ones, or rather from such as can be *proved* to be limited and definite; because all may be thus circumstanced so far as we are aware. One atom of alcohol perhaps may unite with one of water, and form a new compound capable of uniting with two of water; this may be capable of uniting with three of water, and so on. Now, several compounds like these, intimately mixed together, would convey the idea of unlimited combination. The same remark applies to all compounds of the first and second division. It will be seen, then, that such instances do not militate against the atomic theory; they merely *do not support it.*

There are other evidences in favour of the atomic theory, which are too striking to be omitted. We find that 14 parts by weight of nitrogen are equivalent with, or will supply the place of 7 parts by weight of hydrogen; therefore, it is assumed that the atom of nitrogen weighs 14, that of hydrogen being 1; and singularly enough, it is proved that 14 parts by weight of nitrogen occupy the same space exactly as 1 part by weight of hydrogen. The combining proportions then, by measure, or *atomic sizes* of hydrogen and nitrogen respectively, may be said to be = 1 or 100; 8 parts by weight, however, of oxygen only occupy half the space of 1 part by weight of hydrogen, consequently its atomic size may be termed 5 or 50.

The combining proportion, then, by measure or atomic size, of the two compounds of oxygen and hydrogen, will stand thus:—

	By Meas. Ox.	Hyd.	By Wght. By Atom Ox. Hyd.	Ox. Hyd.
Protoxide of hydrogen (water) . .	50 + 100 or 5 + 1		8 + 1	1 + 1
Peroxide . . .	100 + 100 or 1 + 1		16 + 1	2 + 1

You may perhaps wonder that water is not considered as being composed of 2 atoms hydrogen united to 1 of oxygen; inasmuch as there is twice as much of the former substance by measure. This, indeed, is assumed by some persons; but there are objections which I could not with propriety mention here. All I would remark is, that we must pay regard either to weight or measure, and the former is for many reasons to be preferred. These examples relative to the combining measures of bodies are not rare instances of such a correspondence and simple ratios; but corresponding remarks are applicable to all bodies that assume the gaseous or vaporous state.

There is yet another argument in favour of the atomic theory, deduced from the reasonings of Dr. Wollaston and Mr. Faraday. It was satisfactorily demonstrated by the first mentioned philosopher, that the atmosphere did not extend farther than about 45 miles from the earth's surface; and he accounted for this limitation by assuming, that the elasticity of the atmosphere continually diminishing as its distance from the earth increased, was at length balanced by the gravitating force of its particles. Now, this explanation is so far satisfactory, that were the atmosphere not composed of particles, or were it not, in other words, atomic, there seems no reason why it should not diffuse itself throughout space. Mr. Faraday has proved that a similar cause to that mentioned by Dr. Wollaston must limit evaporation, consequently his deductions also tend to support the theory of atoms.

CLINICAL REMARKS ON WOUNDS OF THE CORNEA AND HOSPITAL GANGRENE.

By G. J. GUTHRIE, Esq., F.R.S.,
Surgeon to the Westminster Hospital, to the Royal Westminster Ophthalmic Hospital, &c. &c.

GENTLEMEN,—It is quite requisite that I should have good attendance, and also a good supply of cases, if I am to lecture at all. How can you expect me to lecture when there is nothing to lecture on? Now, if any of you feel disposed to take cases I shall feel disposed to lecture; you may bully me as much as you please, but it will not do. The house-surgeon has furnished me with two cases, which he says he will feel obliged if I will lecture on. One is an incised wound of the cornea; the other hospital gangrene. In an *incised wound of the cornea*, the first means to adopt is to prevent the discharge of the aqueous humour, and after that to endeavour to replace the iris, the protrusion of which is sure to follow a wound of this organ. This is to be done either by gently rubbing the eye, and exposing it to the action of a bright light immediately after, or by lifting up one edge of the wound with a *gold probe* and pushing the iris into the anterior chamber. Now if you have not got a *gold probe*, get one; you know that a gold one is sure to be smaller than a silver one, as it is much dearer; do not imagine that the gold itself possesses any influence over the reduction of the tumour, but it is because it is smaller, therefore I recommend it. When the iris is pushed back, draw the eyelid gently over the eye, roll up some soft lint so as to make a pad, place this over the eye, and a bandage over *both* eyes. You wonder, I suppose, why I order both eyes to be bandaged; simply for this reason, that if a man has *one* eye bandaged, and the medicines which you must give him to keep his bowels open, and so lessen the risk of inflammatory symptoms, begin to act, he will have to get out of bed if he is a poor man, and if not, why he will have a pan placed under him; well, if he gets out of bed he must open one eye, and in doing this he will most probably open the other, therefore it is that I order both eyes to be bandaged. Well, suppose all goes well, and the wound unites very nicely, you will be sure to have a cicatrix which will be visible, but if not the iris gets between the edges of the wound; this ought to be snipped off with a pair of scissors, and will by this means allow the aqueous humour which lies behind the prolapsed portion to escape, and so may favour the return of the iris into its natural situation. We must first diminish, as speedily as possible, the sensibility of the protruded part of the iris, which is best fulfilled by using a *very fine* point of nitrate of silver—this will leave a dark spot with a white edge; the pain which the patient experiences is very acute, but soon subsides on the eye being bathed with warm water. The iris will adhere to the internal margin of the wound as long as the patient lives, and will never be got rid of. The change in the situation of the pupil causes little or no diminution of the patient's faculty of discerning the smallest objects, provided the scar on the cornea be not too extensive nor situated exactly in its centre. I dare say there are not many of you who can raise an eyelid properly; you perhaps have never been shown; very well, you go into the country, and the first time you have occasion to do so, you are unable to perform this simple operation. After lecture I will show you the way.

Hospital Gangrene.—There is a man in one of the wards up stairs that has hospital gangrene; the other day, on going into the ward he *was* in, I said, why surely there is a man with hospital gangrene in the ward. How do you suppose I knew? Why, when I was in the Peninsula during the war, this disease was very common and very fatal, but by perseverance in the mode of treatment, we were enabled to suppress it to a certain degree, although it was very fatal in some cases—the stench from the sore is of a peculiar kind, and when I went into the ward the smell reminded me of old times; I knew it was the smell peculiar to this disease, therefore I ordered the man to be removed into a ward by himself; had he remained in a ward where the other patients were, they would in all probability have been attacked with it. The cellular tissue is always the seat of the disease, it destroys this, the skin becomes dead and gangrenous; in this case the slough was as large as the palm of my hand, but by using equal parts of nitric acid and water, the sore has put on a healthy appearance, and granulations are springing up. The best way to attain this is by using the actual cautery; but you cannot always use this in an hospital, as some patients would sooner leave than submit to it, but if you are in a country village where you cannot procure the acid, put a poker in the fire and heat it to a white heat, then take it out and make a rush at your patient, for you will have to take him by storm. The actual cautery is by far the best remedy, and ought to be more generally used.

Now, Gentlemen, having said all that is necessary to say, I will proceed to show you the best way to raise an eyelid. I might lecture for an hour or two with great satisfaction to myself, but I am afraid not to you.

To raise an eyelid properly, place the point of your finger on the *malar bone*, and gradually draw your finger upwards; this most effectually prevents the patient from moving his eye, and, at the same time, does not cause any pain; the lower one is depressed, if necessary, by drawing the finger downwards instead of upwards, the finger being placed on the *os frontis*. Practise on yourselves, Gentlemen, and you will soon know how to raise an eyelid.

EXTRACTS FROM FOREIGN JOURNALS.

ITALIAN.

Employment of Cat-mint (Nepeta Cataria) in Toothache.—When toothache depends simply on cold or dental caries, according to M. Guastamacchia, an Italian physician, this plant forms a sovereign remedy, and has been used by him with much success in cases where the pain had resisted the most varied and renowned remedies. The leaves of the plant should be placed between the affected tooth and the opposite one; an abundant secretion of saliva takes place, and after two or three minutes the most acute pains cease. If the leaves cannot be retained in contact with the affected tooth, they must be chewed, and if salivation is produced, the effect will be the same. If this remedy does not possess all the efficacy attributed to it by this author, it has at least the incontestible merit of being cheap, easy of application, and readily attainable.

Poisoning by Tartar-Emetic. By M. Sacli. A man, forty years of age, of a sanguino-lymphatic temperament, being slightly indisposed

after too much indulgence at the table, wished, for precaution, to take an emetic. Three grains of tartarized antimony were given, dissolved in about 4 ounces of common water; but vomiting did not take place till he had drunk freely of tepid water. In a few hours he began to feel an uneasiness, nausea, and heat in the epigastrium, shivering, vertigo, syncope, &c.; a little after he lost all sensation, and fell into a state of stupor interrupted from time to time by convulsions; there was dyspnœa and yawning, accompanied by a livid face, and slow and full pulse. The emetic had been taken about seven o'clock in the morning; at three in the afternoon the loss of sensation was observed, but I did not see him till two the next morning. Judging that it was too late to draw off the poison from the stomach, or even to attempt to neutralize it, I directed my whole attention to the symptoms which were developed. Two bleedings, the one to 2 pounds and the other to a pound and a half, were adopted; leeches were applied to the temples, behind the ears, and to the epigastrium; cold-baths, emollent lavements, castor-oil by the mouth, diluent and laxative drinks. By mid-day he was more sensible, though unable to recognise anything. The second day there merely remained a slight pain in the epigastrium, a sensation of heaviness in the head, weakness in the limbs, and impediment in the speech. This case is especially interesting from the small quantity of tartar-emetic which gave rise to these grave symptoms.

Chronic Hiccough re-appearing at irregular intervals. By M. Cloche.—A soldier, 34 years of age, of a robust constitution, and well made, was affected, in 1839, with pneumonia. In December, 1832, he perceived suddenly, without any appreciable cause, an acute and lancinating pain in the throat, but he used nothing for it. Still as it increased and was accompanied by a very inconvenient hiccough, lasting sometimes one and sometimes two hours, he was obliged to apply for medical advice; a purgative, a general bleeding, and regular diet, removed it for four months. But after an attack of ague, the hiccough reappeared more violently, and remained after the fever had been cut short by the sulphate of quinine. It continued in this state for 8 months, and when he entered the Hôpital de Trente, he was much emaciated, with paleness and a general weakness of a well-marked character. He experienced a sensation of weight in the whole left lateral region of the chest, and pain along the border of the false ribs; the least motion or pressure aggravated his sufferings, and his respiration was constrained. The hiccough was sometimes loud, and sometimes unaccompanied by noise, and he often ejected a white and frothy saliva. The disease having been at first pronounced inflammation of the diaphragm, a bleeding was adopted, and 40 leeches applied over the seat of the pain. The sensibility of the thorax diminished, but the hiccough remained the same. Lemonade with sulphuric acid, recommended by Borda, Buchan, and Gola, was tried without success; we then administered sulphate of quinine in two-grain doses, repeated every second hour. The hiccough did not again recur. Still on the fifth day he perceived some signs of it, but much less strong than before. The administration of the quinine was not again had recourse to, and the disease seemed cured about fifteen days ago, when he quitted the hospital.

Extirpation of the Uterus at the moment of Accouchement. By M. Rossi.—The report of the congress of Florence contains the following case, which presents a degree of interest, not because of its singularity or even rarity in the annals of science, but because, in this case, it was proved that it was the womb which was really removed.—A lady of weak constitution was safely confined, and the placenta was also expelled without difficulty; the midwife, having passed her hand into the uterus, perceived a tumour, which she took for a second child; she employed traction for the purpose of bringing this tumour outside, but used so much force that the uterus separated from its connections. The midwife then cut it off with a knife, and drew it outside the vagina. The patient nevertheless got well at the end of thirty days.—M. Rossi, presented this pathological specimen to the Congress.

FRENCH.

Avulsion of the Spleen.—M. Coynel was called to see a law student, aged 23, who stumbled and fell, the thorax and abdomen impinging on the ground. The patient, whose health was much deteriorated, was of the bilious temperament, had suffered from several attacks of intermittent fever, and from various maladies in which the digestive organs were always prominently complicated. Immediately after the fall, he experienced acute pain, and prolonged syncope supervened. M. Coynel arrived an hour and a half after the accident; the extremities were of icy coldness, the face pale, the pulse extremely feeble, the voice scarcely audible. Intense pain was experienced in the left hypochondrium, and extended thence to the pelvis; the limbs were slightly convulsed. These symptoms left no doubt of the existence of internal hæmorrhage, and death was evidently near at hand, though it was impossible to determine what was the injured organ. In less than four hours after the accident the patient died. On dissection, an enormous quantity of blood was found effused into the abdomen; and the spleen, nearly double its natural size, was completely separated from all its connections, and was found in the pelvis.—*Gas. des Hop.*

ON ERGOT OF RYE.

Ergot of Rye, one of the most active substances used in the obstetrical art, has been the object of recent researches on the part of M. Bonjean, of Chambery. He has determined, by numerous experiments—1st. That the ergot, gathered the first day of its formation, has not the poisonous properties which it possesses when taken on the sixth day. 2d. That a heat of 100 deg. C. (212 deg. Fr.) produces the same effect as gathering it too early. 3d. That fermentation also deprives it of its properties. 4th. That old and damaged ergot loses nothing in this respect; which circumstances are important, as they serve to explain the want of success which sometimes attends its administration.

M. Bonjean has discovered two different active principles:—

1st. One which acts as a poison, is the oil of ergot, of a uniform consistence, an acrid flavour, a yellowish colour, soluble in cold ether and in boiling alcohol, possesses poisonous properties in a high degree. The author considers that twelve grammes of this oil are equivalent to thirty-two grammes of the ergot of rye; but he has observed, that at a temperature of 80 or 100 deg. (C.) it loses these violent properties, and becomes converted into a resin. It is, therefore, better to prepare it with cold ether.

2d. The aqueous extract is obtained by treating with water the powder, either deprived of its oil or not; it is brown, of a thick consistence, and musty smell. It is soluble in water, and can be formed into mixtures, syrups, pills, &c. It is not at all poisonous, but possesses very decided anti-hæmorrhagic properties, which induced the author to call it *anti-hæmorrhagic extract*; but it appears, that to name a product, which has been but little examined, according to one of its effects, is objectionable. M. Blanc, of Aix-les-Bains, has obtained excellent effects from the use of this extract; in a case of abundant and obstinate hæmorrhage, giving from fifty centigrammes to one gramme in the course of the day. M. Bonjean thinks it applicable to hæmorrhages, whether simple or puerperal.

He insists on the real advantage of separating the two active principles, by analysis, the styptic extract and the poisonous oil.—*Journal de Chimie Médicale.*

There are few remedies on the efficacy and properties of which so much difference of opinion exists, as is the case with ergot of rye. It is considered by some persons to be almost inert, while others attribute to it the most violent properties, and it has been employed in a great variety of disorders. It is generally supposed to exert a specific influence on the uterus, occasioning a contraction of that organ analogous to that produced on the stomach by ipecacuanha. Its effect in restraining puerperal hæmorrhage is also generally acknowleged, and it is extensively employed by obstetric practitioners with apparent success.

At a meeting of the Medical and Chirurgical Society, on the 13th of December, Dr. Williams, the president, stated that he had administered the ergot of rye in cases of colica pictonum. The dose which he employed was from half a drachm to a drachm once or twice a day. It produced very little sensible effect; but, in several instances, the patients recovered after a course of the remedy of two or three months.

Dr. Williams observed, that some patients had taken, in the aggregate, as much as a pound of the ergot. He was unable to explain the *modus operandi* of the medicine, and considered the subject worthy of further investigation. Dr. Budd, in reference to colica pictonum, mentioned the fact, that the muscles of patients, who have died of this complaint, have been found, on analysis, to contain lead. It is evident, therefore, that the abstraction of the metal from the system would be the most effectual means of cure. How this can be effected by the ergot of rye is not explained, nor has any very satisfactory explanation been given of the fact, which is generally believed, that sarsaparilla has the power of expelling mercury from the tissues in persons who have been salivated. Unless these subjects are studied with reference to the physiological properties of the remedies, but little advancement in the science of medicine can be expected. We can, for instance, imagine it possible that a mineral acid, which produces a certain compound with a metal out of the body, may neutralize or increase its effects, according to circumstances, when administered to a patient under the influence of that metal; but the *modus operandi*, in these cases, of the vegetable substances alluded to, remains to be explained, and deserves the attention of the Pharmaceutist as well as the Medical Practitioner. The constituents of the ergot of rye have been as yet but imperfectly examined.

M. Bonjean, in the article above quoted, attributes the beneficial effects to the extract, while Dr. Wright, in the 'Edinburgh Medical and Surgical Journal,' recommends the oil (obtained by means of ether). The dose which he orders is from twenty to fifty drops' with a little aromatic tincture; and he states, that he has found it particularly efficacious in all cases in which the ergot would have been admissible. Dr. Wright considers it more certain and rapid in its effects, more easy of administration, and less disagreeable than either the infusion or the substance. He has used it ex-

ternally in cases of rheumatism; he recommends it as a substitute for creosote in the toothache, and has employed it with success in epistaxis aud other hæmorrhages.

The Society of Pharmacy in Paris have offered a premium for the most complete and satisfactory analysis of ergot of rye; and we nope the subject will be further investigated by Pharmaceutical Chemists. — *Pharmaceutical Transactions.*

TO CORRESPONDENTS.

Another Student of Westminster. — *We are happy to inform our correspondent that the necessity for inserting his complaint has ceased. We have reason to know that Mr. Guthrie, on seeing our notice on the subject, immediately acquiesced in the justice of our remarks with a soldierly generosity of character which does him much honour, aad at once resolved on giving n series of lectures—a resolution, the benefit of which our friends, the students, will soon enjoy. We shall have the pleasure of giving the lectures the extended circulation afforded by our journal.*

Alpha.—*The College of Physicians have not yet fixed the day when the new regulation in reference to the admission of M.D.'s with British diplomas, shall take effect. The amount of fee to be exacted is also sub judice. We are watching the body.*

J. N.—*The new orders of the Poor Law Commissioners are not, we believe, likely to be retrospective in their operation.*

M. D. *must surely be mistaken. Will he favour us with his name in confidence?*

Dr. R., Mr. H., *Medicus, and Numa, declined.*

We shall see if we can find a niche for "Statue," in our next.

M. G.—*We never accept such offers. Is there not some error in the direction?*

Communications have been received from a Member of the Provin. Med. and Surg. Association, Argus (Norwich), a Medical Reformer, Dr. Binns, Dr. Shotster, &c., and will receive early attention.

'*Kay on Wounds,' and Dr. Thompson next week.*

'M. D.'—*A case has been decided of late in favour of the Surgeon so giving attendance. In Baxter v. Gray, Lord Chief Justice Tindal told the jury "that they were to consider, first, the amount to which the plaintiff was entitled for attendance; and secondly, whether the whole or any part of that amount had been paid. The evidence was very loose on the part of the plaintiff, to show the precise number of attendances which had been given, but there could be no doubt that* the attendance was considerable, *and that the plaintiff was* entitled to something handsome for it." *The jury returned a verdict for the plaintiff—damages £217. We do not lay very much stress on this result. We are anything but certain that the defendant would not obtain leave for a new trial, either on the ground of the judge's misdirection, or that of excessive damages. The law is as direct against the recovery of Physicians as of Barristers' fees—yet the Surgeon in this case obtained a verdict for that kind of medical attendance which properly belongs to the Physician. It is remarkable also that the defence set up was, that the plaintiff had been paid—the issue turning on that fact makes the Judge's observations of less weight as to the Practitioners right to legal remuneration for medical attendance. In the case of Bathersby versus Lawrence we have the following facts: An action brought by Mr. Battersby was tried the last circuit before Justice Maule, for "work and labour" done by Mr. B. (as an apothecary and surgeon) for Mr. Lawrence, who had been bled occasionally by Mr. B. and treated with medicines, bandages, and frictions. Before Mr. B. visited the patient it was agreed that he should make every three visits for 1l. 1s.; and it was "understood" that in his attendance he should blend the character and duty of a physician with that of a surgeon. On these terms he proceeded for a considerable period, and ultimately claimed 57l. as compensation for his services, to which Mr. Lawrence demurred, and allowed an action to be brought against him, paying 10l. into court, and pleading that the plaintiff was not entitled to any further sum; but the jury thought otherwise, and returned a verdict for the whole 57l. Mr. Crowder, on the 3rd of Dec., moved in the Exchequer Court for a nonsuit, on the ground that Mr. Battersby having acted in the case as a physician, he was not entitled to recover damages for the claim he had made in that character, it having been held in many cases at law, that the services of a physician were, like those of a barrister, honorary, and not the proper subject for an action. Mr. Crowder, moreover, contended that the jury had not, at the trial, before them facts in evidence whereby they could distinguish how much of the plaintiff's services were performed by him as a physician, and how much as a surgeon, and had thus given excessive damages. The Court were of opinion, that the plaintiff really had acted in the mixed character stated, and was, therefore, entitled to* some *remuneration. But as the counsel had contended that the evidence at the trial did not on the face of it justify the jury in finding the amount claimed, there might be ground for a reduction of damages, and that a rule* nisi *ought to be granted. Granted accordingly.*

Vols. 1, 3, *and* 4, *are now ready, in half cloth, price* 7*s.* 6d.

THE MEDICAL TIMES.

SATURDAY, JANUARY 8, 1841.

Quid refert, morbo an furtis pereamne rapinis?

IN our remarks on counter-practice we have been much misunderstood. A score or more letters lying on our table charge us in various degrees of courtesy with *selfishly* attempting to raise the Medical Practitioner at the expense of the legitimate rights of the Pharmaceutist. The writers must have strangely overlooked the spirit of our observations. We wrote in the main neither *for* practitioners, nor *against* druggists: a higher thought animated us: our object was the good of that public which called both classes into existence and compatibly with which, both—we honestly believe—may be regulated without injury to the real and natural interests of either.

The great mistake indeed that has all along made this vexata quæstio still more vexatious is, that both parties have started in the discussion with the unexpressed assumption that the public was made for one of the two, and hence, instead of considering how both, in their several vacations, may be made most serviceable to the general weal—we have them angrily fighting as to which shall be most consulted in the distribution of their allotted spoil. This is not our mode of proceeding. The general good, and the rule of equity, is the only standard we recognise in the question—and we would apply it with an equally unsparing hand to the pretensions of both parties. However great our sympathy with our brother members, we sympathize still more strongly with RIGHT. Guided by this rule, we have maintained that the demarcation which exists between the two ranks cannot be preserved too broadly marked; and having to consider priorly the druggists tendency to encroachment, we have argued that their own domain; being more than sufficiently extensive, they cannot quit it for another without injury to their own, while the strange soil for which they desert it can only be well cultivated by those whom long custom has made acquainted with its properties. We have brought forward the sad results of experience in illustration of the ruinous mischiefts arising to the community from their illicit practises; and we have felt it our duty to direct against such culprits the whole force of public opinion, supported where occasion offered by all those penal inflictions which the case called for and the law recognised. Our correspondents may object to the justice or the policy of our opinions, we have only to say that on our part they are convictions, and we have as yet seen nothing to throw a shade of doubt over them.

But in applying our rule, we never dreamt of stopping short with the Pharmaceutists. If justice in extremes be extreme wrong, so is a justice which is confined to one side. If we would not allow the Druggist to turn prescriber, neither would we suffer the prescriber to turn druggist. We know of few things to which we are more opposed than to the custom of General Practitioners dabbling in drugs. The *union* of such distinct employments is a step backwards into that unlettered age when the priest the soothsayer, and the doctor were found in the one person. Division of labour is a principle which in the present day prevails wherever enlightenment looks after wealth through production; the only affair in which its advantages are relinquished by sensible men is in that the most important of all, and which above all things comes home to men's business and bosoms—human vitality. The most varied, the most complicated, the most obscure of practical studies,—knowledge or ignorance on which involves the most momentous of interests—is that on which a whole body of cultivated gentlemen engraft all the varied drudgery of a heterogeneous trade! Variety of pursuits is the direct way to mediocrity in all, and this mixture of the tradesman and the scholar, the trafficker and the gentleman, is as opposed to the aggregate attainments and credit of the body of General Practitioners, as it is fatally injurious to the vital interests of their patients. The deception which forms an essential element in the system is perhaps not its least objectionable part. A charge is made nominally for drugs, when the real subject of value is the time and talent of the medical attendant. We are of those who believe that this practical lying must exercise a prejudicial effect on public morality. All kinds of objections in truth are against the system. The General Practitioner is obliged by it to send his patient a vast variety of unnecessary medicines. In two-thirds of the cases, he attends if he were to send only those the patient required, he wouldbe without adequate

remuneration—He is compelled therefore, to resort to a complex and injurious system of prescriptions in mere self-defence. There can be no doubt that the remedial portion of a prescription is thus frequently counteracted by that which, being intended only as a means of remuneration, can not be expected to have a higher merit than that of being innocuous. And how seriously must the suspicion of such a system by the public impair its confidence in the General Practitioner? How can a person be expected to feel that faith in his medical adviser, which is of such vast importance as a remedial agent, if he be uncertain whether the medicine he is sent be forwarded to give relief, or eke out professional remuneration? Then, again, how likely is such a system to lead to the patient's neglect of important remedies. Their utility being doubted—their disagreeableness felt certain—he is but too apt to seize so favourable a pretext for leaning on the side of indulgence. In short, looking at the system in its moral or social aspect—in its bearings on the profession's fiscal interests, or public credit and usefulness—it is decidedly bad, rotten at core, and wholly indefensible.

But while feeling thus strongly the mischiefs of this incongruous practice of medical men, we are yet not prepared to say that its *total* and *universal* discontinuance would be either wise or possible. With regard to large towns there can be no hesitation. Apart from the empire of custom, there is no moral reason why medical men, in a populous locality, should touch the defilement of drugs: but in rural districts the case is different; the practitioner must there be druggist or useless. Their neighbourhoods offer no field for the division of labour; they cannot support a pure pharmaceutist, and even if they could, there would be so many inconveniences arising from want of confidence, partly rivalry, or local distance, that he would be probably of little practical utility. In small localities of limited population, therefore, and in all rural districts, we think it would be impolitic to introduce any alteration restraining the practitioner from sending his own medicines; but *there*, however, as every where else, he might, and we think *should* be restrained from making them the subjects of professional remuneration. The scale of charges that should be fixed—their unchangeableness or adaptation to the skill of the practitioner, or circumstances of the patient—their regulation by act of parliament, or by the arbitrary action of the usual regulators of prices;—these are knotty questions of great interest, which we shall discuss in a future number. Meanwhile, we would beg our readers to store up and turn to practical account the double truth that we have laboured to establish—that no legislation can be perfect which allows people's lives to depend on the medical skill of non-medical men, or without the gravest exceptional reasons, suffers the medical skill of qualified men to be deteriorated by dabblings in a useless and alien branch of trade.

THE NEW THEORY ON ANIMAL MAGNETISM.

Mr. Duncan gave a Second Lecture on Animal Magnetism, at the Hanover Square Rooms, on Friday, the 31st ult. In a few short introductory observations, the lecturer referred to the difficulty with which new truths were admitted, citing, among other apt instances, that of Harvey's discovery of the circulation of the blood—a truth which, it is said, was received by no medical contemporary of Harvey who had reached thirty years of age at the time of its announcement. He then briefly stated the doctrine of animal magnetism, as expounded by Mesmer, Deslon, Dr. Bell, and others, giving some interesting quotations illustrative of the marvellous properties and powers which they attributed to a supposed magnetic fluid, and took occasion to remark, that the extravagance of these professors of an unknown science ought not to prepossess a scientific mind against its more moderate pretensions, when supported by good evidence. While he strongly repudiated what he considered the extravagance of many disciples of Mesmer—he stood forward to prove, that many of the phenomena of animal magnetism were indisputably true, and to submit them to his hearers' ocular demonstration. He, however, gave a very different explanation as to the causes of these phenomena to that usually given. He denied the existence of any magnetic influence; and the best support of his denial was the fact, that he could show his audience the usual magnetic wonders of artificial sleep, somnambulism, and catalepsy, without any second party's participation. He explained the phenomena on strict physiological and anatomical principles; and though he was not himself prepared to engage in a professional discussion as to the details of his explanation, he was happy to mention that Mr. Braid, the eminent surgeon of Manchester, to whom the merit of discovering this theory belonged—and on whose part, he (the lecturer) then appeared to offer these explanations—would be shortly in town, and would repeat before a London public the experiments which had recently created so great a sensation in Manchester. The lecturer then read a statement of Mr. Braid's theory on animal magnetism, which we think of sufficient importance to present to our readers verbatim:—

"Mesmeric somnolency is produced by an individual maintaining a steady gaze or fixed stare at an object placed in such a position as to put the greatest number of muscles into action connected with that organ and its appendages. To produce this result, the person on whom the operation is performed, must, moreever, entirely abstract his mind from all other subjects, and neither wink nor move the eyeballs. Congestion then takes place in the eye, and a rapid exhaustion of the natural sensibility of the retina and moter nerves of the eye and eyelids ensues. This is reflected on the brain, and from it on the heart and lungs, producing enervation and a consequent sinking in the force and frequency of the heart's action. The enervation of the brain is still further increased by the enfeebled action of the heart, and from the same cause the blood is sent to the extremities in diminished quantities, and is therefore accumulated in the large blood-vessels in the region of the heart. The heart is now stimulated to greater efforts, and in order to overcome its increased labour, it is compelled to quicken its velocity to compensate for its diminished power. The pulse now rises, and is followed by determination of the blood to the brain, as evinced by the flushing of the face. This state is followed by all the phenomena of mesmerism, arising from congestion and irregular circulation through the brain and the spinal chord.

"The effects may be produced by a steady fixed stare kept up in ANY direction, together with that quiet of body and abstraction of the mind from all other subjects, necessary to enable the patient to maintain the eye and eyelids in a state of absolute rest. The patient may look straight forwards, upwards, or downwards, to the right or to the left, or at any intermediate angle. The greater the strain on the eye, the more rapid is the effect, and therefore the upward and inward gaze is the best, because it induces an upward and internal squint. Looking with both eyes, so as to maintain the greatest possible *internal* squint, is the next most rapid in its effects. It is not generally known, but it is no less true, that by these two positions, the pupil is powerfully contracted, whereas, by directing the eye directly upwards or downwards, to the right or left, it dilates irrespective of the intensity of the rays of light passing to the retina; so that in one sense, the iris may be called a voluntary muscle, as it can be contracted or dilated at will.

"Nor should the fact be overlooked of the remarkable effect produced on the respiration by keeping up a fixed gaze, with the mind directed to the subject, in the manner already stated. There is an instinctive tendency during such experiments to breathe softly, or hold in the breath, which no doubt has considerable influence in effecting derangement in the circulation of the brain, and depressing its energy, by the imperfect arterialization of the blood which takes place in consequence of the suppressed respiration.

"The closure of the eyelids, and the inability to keep them open afterwards, may be accounted for in part on the principle of temporary paralysis of the levator palpebræ, and occipito frontalis, arising from exhaustion through long-continued exertion. We must alto take into account the increased energy given to the orbicularis in consequence of its temporary repose, and of the spasmodic action by which it is closed, which is induced by the accumulation of tears under the upper eyelid, and by the irritation of the conjunctival membrane caused by its long exposure to the air, without being lubricated or moistened by the regular supply of tears.

"The head being thrown back so as to affect the circulation through the vertebral arteries, may also exert some influence.

"According to Mr. Braid's theory, mesmerism depends not only on the effect produced on the eye as an organ of *sense*, but also as an organ of *motion*. The exhaustion of the nervous energy of the muscles of voluntary motion connected with the eye and eyelids, is of paramount importance, and, in fact, the greater the number of muscles of voluntary motion we can bring into play the better, concurrently with which there must be a complete abstraction of the mind, so as to keep it intently engaged on one object, which includes an effort of the will. The fixed and continuous stare of the eye soon disarranges the natural sensibility and circulation of the globe of the eye; the rectus and levator muscles, and occipito frontalis become wearied; the orbicularis muscle which closes the eye, through inaction and exposure of the eye and retention of tears under the upper eyelid, becomes irritated, and shuts spasmodically; a rapid exhaustion of nervous energy is then induced, causing enervation of the brain itself, and by reflection, the action of the heart is diminished both in force and frequency; respiration is impaired, and a state of giddiness approaching to faintness is induced by the diminished and deteriorated circulation of the blood through the

brain: Now the eyelids close or remain open with a fixed idiotic stare. A change takes place in the action of the heart, which becomes both stronger and more rapid, and in a short time rises to an amazing velocity; the face becomes flushed, and the brain congested. In this stage, all the extreme symptoms of mesmerism are exhibited in compliance with the will of the magnetiser, or of any one else appointed to direct the proceedings. The patient is for some time conscious, and has a most intense desire to comply with everything requested or commanded, while the facility of motion, and the power of maintaining any given position, is quite incredible to those who never witnessed the fact. If the patient is allowed to get into a deep stupor, the muscles become so intensely rigid as to maintain the arm or leg, for example, inflexible as wood or marble, and yet, when the method of dissipating the spell is known, it may be effected in a few seconds; but if the catalepsy be carried too far, apoplexy, effusion on the brain, tetanic convulsions, epilepsy, and death, MAY follow.

"Thus, then, it appears that the effects are produced from a variety of causes, mental and corporeal, muscular and percipient, the state of the mind, the organs of sense, and the muscular and nervous system, each playing an important part by turns, or in combination.

"Among the more remarkable phenomena of Mesmerism is the prodigious exaltation of the sensibility, so much so, that in some cases the patient becomes as susceptible as a sensitive-plant, moving at the slightest touch. The hearing becomes so acute that the slightest whisper becomes distinctly audible. The eyes may be closed, but still the person can distinguish objects, and, in a general sense, docility and obedience to the will of any one is rendered almost implicit.

"Such, then, is Mr. Braid's theory. It may not fulfil all the conditions of the physiological problem; but when we reflect on the difficulty of arriving at any unexceptionable solution of the physiological causes of sea-sickness, or what we may call land-sickness, such as that produced by swinging, or being whirled round, epileptic fits, &c., all of which are so familiar, and have been so long known,—when, I say, no one has been able to solve these points of daily occurrence in a manner to satisfy all objections, it may be expected that unanimity will not exist as to the causes of the phenomena of Mesmerism. It is, however, certain, that the phenomena attributed to animal magnetism can be produced independently of personal contact, or any external human agency, since any one can mesmerize himself who will follow the rules laid down by Mr. Braid for insuring the enervation of the brain, and the irregular circulation of the blood through that important organ of the animal economy.

"Mr. Braid's experiments have incontestably proved that the movements of mesmeric somnambulists are entirely voluntary, and that they are induced to follow the movements of the magnetizer, not from any inherent virtue in him, but in obedience to sound, as they will go to any one who calls them, or makes any movement more audible than the magnetizer; this will take place in opposition to the will, manipulation, or pointing of the thumbs or fingers with the intent of drawing the patient in the contrary direction. The same results follow whether the patient has been mesmerized by animal contact or without animal contact.

"All the other extraordinary and improbable phenomena Mr. Braid explains, not on the absurd notion of the transposition of the senses, but on the fact of the exaltation of sensibility in the natural senses; and he entirely repudiates the opinion that the Almighty would ever delegate to man a power over his fellow-men, through mere acts of his will and certain passes made at a distance, and without their knowledge and concurrence, by which such individuals would be mysteriously and all-powerfully converted into mere automata, compelled by irresistible neccssity to obey the bidding of the magnetizer or others, although exercised for the worst of purposes.

"Mr. Braid does not deny that certain manipulations may heighten certain effects, but he most unequivocally denies that the will of the operator, or any emanation from his body, produces the effects; or to make his views perfectly clear, it may be broadly stated that the gestures or manipulations of an automaton would have the same influence as those of a living being.

"During the state of mesmeric somnambulism, Dr. Marshall Hall's views of the excito-motory system are beautifully illustrated; but, at a certain stage, there is still so much voluntary power left as to enable the patient to produce the reverse effect of what ought to occur on those principles, provided the patient anticipates such an effect, or considers that it ought to be produced. If the patient is left sufficiently long in the somnolent state, cataleptic rigidity is likely to occur spontaneously; but if any muscle, or class of muscles, is brought into action, either by the volition of the patient, or through the instrumentality of the operator, it will very rapidly assume the cataleptiform state, whilst the rest of the body remains perfectly flaccid. Mr. Braid thus accounts for this apparently extraordinary phenomenon. If a stimulus is applied to any part, the sensation of pain is conveyed to the spinal chord by the sentient nerve, and instantly the motor nerve, in connexion with the sentient nerve, stimulates the corresponding muscle to contraction. In like manner, when a limb has been placed in any given position, the muscles called into action to maintain that position soon become painfully affected, and the pain or irritation thus produced, being conveyed to the origin of such nerves in the spinal chord, excites an energetic action in the motor nerves which very soon ends in tetanic or cataleptiform rigidity in those muscles, which no longer obey the will. Mr. Braid's views on the paralysis of certain members, arising from the whole nervous energy destined for such members being exhausted in a single muscle, or class of muscles, is beautifully illustrated in an article he has published in the 'Edinburgh Medical and Surgical Journal,' of October last, to which I beg to refer those who desire to investigate this curious subject.

"Mr. Braid considers the mode of dissipating the mesmeric spell quite as remarkable as its production, and he proves that it may be accomplished almost instantaneously by any abrupt or unexpected shock. Thus the whole limbs may be rigidly cataleptiform, resisting the greatest force employed to displace them, and yet a single sudden puff from the limbs, or a pair of bellows, conveyed to the eyes, the ears, or the nostrils, will instantly rouse the patient, and the rigid limbs will become rapidly and perfectly limber. If it is wished to demesmerize a particular part only, that particular part must be manipulated and the patient be *gradually* roused, for, if roused abruptly, the whole body will become flaccid at once."

A delicate girl, aged about 14, now took her seat in an arm-chair on the platform, and after looking intently at the index-finger of her right-hand stretched out two feet to the right side, on a level with her right eye, showed apparent sleep, with rigor of the limbs. The sleep seemed to grow sounder each minute, and the rigidity of the limbs seemed to increase proportionally. There was a marked difference in the temperature of the two hands (an invariable concomitant, we were told, in these experiments). Mr. Duncan, after most present had tested for themselves, as far as simple manipulation would allow them, the rigidity of the girl's limbs—and we are bound to say, that if simulated, it is the most *vrai-semblant* simulation of a difficult condition we ever witnessed — restored her to consciousness, or at all events to wakefulness, by breathing strongly on the closed eyelid. There was a striking scenic effect in the sudden abruptness of her waking. Giving Mr. Duncan credit for honesty in these experiments, their effect on the nervous system must be immense. The lecturer declared that the girl's health had considerably improved since his first experiment; and Mr. Braid declares that he has effeced, by means of such experiments, the most extraordinary cures in cases of rheumatism, &c. The girl was again operated on, and was reduced to a kind of conscious somnambulism by the lecturer's exhibiting at a short distance from the eye the point of a pencil-case. She showed several instances of what the lecturer calls a moral phenomenon, always seen in these cases, the most extreme obedience to any wish that may be expressed to the subject. Two gentlemen now offered to submit to the process—one a medical gentlemen, the other a stout, hale, florid warehouseman, in the employ of a wholesale draper in St. Paul's Church-yard. Corks were fastened to the forehead of each, and in about half an hour the latter exhibited all the usual mesmeric symptoms, while the medical gentleman rose perfectly unaffected by the operation. The success in the one case, however, seemed very decisive, and elicited the loud applause of the audience. When the young man again showed signs of sensibility, the change in his appearance was very remarkable. The healthy glow of ruddiness which so peculiarly marked his countenance, on sitting down, had now entirely disappeared; a sickly pallor had taken its place, and to a stranger he would have appeared to be labouring under the effects of a strong soporific. In answer to the inquiries of auditors, he gave his address, and declared that he had never seen the lecturer before. Some friends of his present testified to the truth of his statement. Sir Charles Forbes then rose, and paying a high compliment to the lecturer's moral character and high mental powers, declared that he had had the honour of having been his guardian after the decease of his father, the late governor of Bombay, and was perfectly sure that his friend was utterly incapable of attempting anything approaching to a public deception. Another gentleman, whose name we did not catch, having made a similar statement, the meeting dispersed.

We may add, that we have merely given a correct and unadorned narrative of *the facts* as they appeared to us; our readers must form their own opinion as to the honesty and truthfulness of the experiments, and their bearing on the theory they are suppose dto support.

MR. FARRADAY.—This gentleman, who is recovered from his late illness, is giving a course of his splendid lectures at the Royal Institution of Great Britain.

GLASGOW ROYAL INFIRMARY.—MUNIFICENT BEQUEST.—We are gratified to learn that the noblest of all the charitable institutions in Glasgow, is about to receive a princely addition to its funds—Alexander Ritchie, Esq., who departed this life on Thursday, the 30th instant, having bequeathed a large fortune to trustees, with directions to make over one-half to the directors of the Infirmary in behoof of that institution. The Infirmary will not receive less than 15.000l.

REVIEWS.

Praotical Observations on Injuries of the Head. By W. Sharp, F.R.S., Senior Surgeon to the Bradford Infirmary, &c. London: Churchill, 1841. Pp. 168.

We have derived great pleasure from the perusal of Mr. Sharp's book. It contains the result of 20 years' experience on a class of injuries, that daily require the exercise of a most critical acumen on the part of the surgeon in their diagnosis and treatment; and though he lays no particular claim to originality of views, the book will not be the less acceptable to professional men, for the sound practical information it conveys on this important class of injuries. It is indeed (unlike many of our modern works) a strictly practical treatise, in which the opinion and maxims of a very excellent surgeon are submitted to the severe test of extended experience and careful observations, and the results of his own experience are illustrated by a well-selected and highly interesting series of cases.

The subjects treated of, are concussion, compression, and wounds of the brain, injuries of the scalp being excluded. Commencing with the subject of concussion, he has taken considerable pains in pointing out the distinction between cases of pure concussion, and a large number of cases which ought more properly to be designated cases of Compression, or, at all events, partaking of a mixed character. He says,—

With respect to the *nature* of concussion, some degree of confusion still exists in the description given us by our best writers, arising out of the neglecting to separate cases of concussion from all in which extravasation, or other visible lesion of the brain has occurred. Until the eighteenth century, the term concussion, which is constantly met with in surgical writings, means any damage done to the brain, where there is no visible fracture of the cranium; thus including compression from extravasated blood, laceration of the brain, fracture at the base, &c. (p. 20.) It appears to me very desirable, that such an assemblage of different cases should be separately arranged, and that *concussion* or *commotion* of the brain should be restricted to an affection of one or many functions, without perceptible change of structure in the cerebral fibre, or other morbid appearance within the cranium; or, in the words of Benjamin Bell, 'such a derangement of the brain as obstructs its natural and usual exertions, but which does not leave such marks of its existence behind it, as to render it capable of having its real nature ascertained by dissection.' (p. 23.)

In describing the symptoms of Concussion, he has, for the sake of rendering the subject more intelligible, distributed the various cases, which present themselves to our notice, into three classes.—I. 'Those cases in which alarming symptoms arise immediately on the injury being received, which either soon terminate in death, or speedily pass off altogether.' (p. 29.) Of which the following interesting case is an example:—

Master ——, aged six, was playing on a frozen pond, and fell upon his forehead; the blow, as is usual in such falls, was a smart one; he was stunned, bewildered, and speechless. After being carried home and laid upon a sofa, he rolled off, and attempted to creep under the fire-place; he vomited once or twice, and remained in this idiotic state for about half an hour; his senses then returned, and when I saw him shortly after, he had perfectly recovered; at least all that remained was a slight bruise on the forehead; he had no further ailment. (p. 31.)

II. 'Cases of Concussion in which a few days will elapse after the accident, and then violent and dangerous symptoms suddenly come on. III. Cases in which, after an accident has occurred, only slight complaints are made for a long time, and which are agreeably disregarded, until it is discovered that inflammation has been going on, and is probably ending in a fatal effusion of serum, in softening of the brain, or in suppuration.' (p. 30.) Each of these divisions is illustrated by some very interesting cases, which want of space compels us to omit.

The following remarks on the diagnosis between concussion and compression are admirable for their clearness and conciseness:—

In concussion, the *symptoms* usually make their appearance immediately after the accident, though it not unfrequently happens that a considerable interval passes over before they come on; in compression there is generally a short interval between the accident and the symptoms. In concussion, the symptoms, if not so overpowering as soon to terminate in death, either pass away, the first signs of depression being followed by corresponding excitement, and this by complete recovery; or, we may have the three stages pointed out by Mr. Abernethy, first, of insensibility; second, of restored animation; and third, of inflammatory action. In compression, the symptoms, if not relieved by active depletion and other means, become aggravated, and death ensues either very soon, or after inflammation, and frequently also suppuration have supervened. In concussion, the *pulse* is generally not so slow, labouring, and intermittent, as in compression. In concussion, *bleeding* sinks the pulse and the patient; in compression, the pulse rises and relief is afforded. In concussion, there is commonly more *insensibility*, followed by *delirium*, than in compression. In concussion, perhaps *vomiting* is more frequent than in compression, though it often occurs in the latter. In concussion, there is less frequently *coma*, *convulsions*, and *paralysis*, than in compression. The state of the *pupil* is an uncertain sign; it is often dilated and insensible to light, and often contracted in both concussion and compression. I am aware that exceptions to each of these remarks will be met with, they can only be considered as approximations to the truth; but they are the result of my own observations, and most of them are confirmed by eminent surgical authorities. (pp. 48 and 49.)

For the treatment of Concussion, we must refer our readers to the book itself; as it is impossible to convey, in isolated quotations, any idea of the practical cautions he has given us on this subject.

On the propriety of trepanning in cases where 'a simple or compound fracture exists with extensive or deep depression, but without symptoms of pressure,' the following remarks are deserving of attention:—

For such a proceeding we have Sir A. Cooper and Sir B. Brodie; *against* it, Dupuytren and Lawrence; and the arguments used on each side of the question, by these distinguished and experienced men, are of great weight. I do not flatter myself that I can decide the question, as to the general rule, though I have not lately had any difficulty in making up my mind in any individual case. I will only observe, that my decided preference has gradually become more and more for *non-interference; that by strict attention to the means for preventing inflammation*, I have great confidence in such cases doing well with the fracture left undisturbed; and that therefore, unless I found that the depressed bone could be very easily raised, or the detached fragment removed without increasing the damage done to the dura mater, *I should not venture to do it.* (pp. 138 and 139).

In canvassing the propriety of trepanning in particular situations, Mr. Sharp differs considerably from the received opinion. We are generally cautioned to avoid certain parts of the skull, especially the sutures, sinuses, and middle meningeal artery; but he believes that it is mere trifling to represent these things as impediments to any proceedings, which, on other accounts, may be 'deemed necessary,' (p. 140) and concludes his remarks on this subject in the following manner:—

It appears, therefore, that in any case in which an operation is clearly indicated, it may be undertaken *wherever it is practicable to perform it*; and that the directions which have been frequently given, relative to this question, are not more useful than the descriptions of the different kinds of fissures and fractures, and the various methods of detecting them, which, to the discredit of our profession, have been for centuries gravely written in our surgical works. (pp. 142 and 143.)

We have thus briefly attempted to pourtray some of the most prominent features of Mr. Sharp's book; but it must be remembered, that the chief excellence of such a work consists, not in any one part, but in the practical character of it *as a whole.* We therefore strongly recommend it to the notice of our professional brethren, as one replete with sound practical information on a most important class of injuries.

THE STUDENTS' NOTE BOOK.—FASCICULUS II.

BY ANATOMICUS.

Anatomy.—the Brain: (*continued*).

An average-sized brain weighs about 3 pounds, and the cortical, grey, or cineritious matter is highly vascular, and is considered the secreting part of the brain; the medullary portion is essentially fibrous, and as these medullary fibres pass through or are in contact with the grey or cineritious matter, they receive new accretions of nervous fibrillæ, hence the deposits of grey matter which we find in various parts, such as the optic thalami, corpora striata, crura cerebri, and Hippocampi; these are called ganglia of increase. The brain is divided into the cerebrum cerebellum, and medulla oblongata; the cerebellum is divided into two hemispheres by the fissura magna, into which the falx cerebri is reflected, and each hemisphere is divided into three lobes on the under surface, anterior, middle, and posterior; the convolutions vary in depth from half an inch to an inch and a half, but the cortical or grey matter is about two lines in depth. On separating the two hemispheres of the cerebrum, you observe at the bottom of the fissura magna, the corpus callosum, the commissure of the cerebrum, pons varolii, the commissure cerebellum, the commissure of the optic nerves, the anterior commissure which connects the corpora striata, the commissura mollis, and the posterior commissure which connects the optic thalami, the fornix which connects the processus a cerebello ad testes or corpora quadrigemina. On the mesial line of the corpus callosum is the raphé, on either side you observe the arteriæ callosæ, they are the terminating branches of the anterior cerebral arteries, and ramify from before backwards; lastly, you observe transverse striæ showing where the medullary fibres of one hemisphere are continuous with the other; on cutting off both hemispheres on a level with the corpus callosum, you observe the centrum ovale majus, a great oval centre of medullary matter surrounded by grey matter, with the corpus callosum in the middle, but if you slice it off a little above the curpus callosum, you observe the centrum ovale minus.—*Relative position of the ventricles.* Underneath the walls of the centrum ovale majus are the lateral ventricles, separating them is the septum lucidum, between the layers of which is the fifth ventricle; below that is the third, a fissure betweeu the optic thalami; behind the third is the fourth, a fissure between the medulla oblongata and cerebellum; you get into a lateral ventricle through its roof on making a longitudinal incision through the centrum ovale majus, half an inch on either side of the raphé; on opening it you observe five bodies, the three

first form its floor, the two last can be raised from it; most anteriorly you observe the corpus striatum, called the *anterior* ganglion of *increase;* behind this is a white hand tænia semicircularis, behind this the optic thalamus, which is the *posterior* ganglion of *increase;* resting on it is the choroid plexus which supplies the lateral ventricles with blood, behind this the fornix, the commissura hippocampi: the lateral ventricles are bounded internally by the septum lucidum, which consists of four layers, two medullary and two cineritious, which descend from the under surface of the corpus callosum to the upper surface of the fornix, between which is the fifth venticle. The corpora striata are the *anterior* ganglia of *increase*, they consist of alternate layers of medullary and cineritious matter; the optic thalami are, externally medullary, internally, cineritious.

(To be continued.)

THE MISSOURIUM.

[For the 'Medical Times.']

The gigantic fossil now exhibiting in Piccadilly is one of the wonders of the age. Bones, which have since proved to be those of the Missourium, have at different times been found, but in consequence of a want of those necessary for classification, they were little regarded, or described in catalogues under the somewhat convenient heading of "Fossil remains of a gigantic extinct animal." It has been the good fortune of Mr. Roch to discover and present to the scientific world the first complete skeleton of this animal. Accident had little or nothing to do with its discovery. Mr. Roch had been for many years prosecuting his geological researches in America, and on information reaching him, that a tradition existed among the Indians of 'big animals' having fought a great battle in the neighbourhood of the Osage river, called by them 'Big Bone River,' and so laid down in the maps of the earlier settlers—he repaired thither, and after five months' unremitting labour, was so fortunate as to disinter this extraordinary fossil. The whole length of the skeleton is thirty feet; its height fifteen feet; the head from the nose to the spine of the neck six feet; from one zygomatic arch to the other four feet; from the edge of the upper lip to the edge of the front tooth twenty inches; from the point of the lower jaw to the edge of the front tooth eight inches; from the edge of the upper lip along the roof of the mouth to the orbit three feet; thence to the atlas ten and a half inches. There are eight teeth, four upper and four lower. The upper fore-teeth are four inches broad, and four and a half inches in length, and are so placed that they shut *towards* the roof of the mouth, so that their outer edge is one and a quarter inch higher than their inside edge. The jaw-teeth in the upper jaw are seven inches in length, and where they unite with the front teeth four inches broad; thence they run narrower back until they end almost in a point. The formation of the nose is peculiar, consisting of a congeries of bony cells; it projects eighteen inches over the lower jaw; the tusks are ten feet long, exclusive of one foot three inches, which are inserted in the cranium; measuring them from point to point following the curve, they are twenty-one feet, and the distance across the head from point to point fifteen feet. This animal was *clawed* and web-footed. His tail broad and flat; his ribs small in proportion to his bulk, the shortest being two feet long, and six inches broad, and the longest five feet six and a half inches; the legs short and thick; and his tusks so placed in his head, that he could have made little progress in a woody country. From these anatomical peculiarities, it is plain he was an aquatic or amphibious animal; and that he was omniverous his teeth plainly indicate. His remains were found near the shores of the *Pomme de Terre*, a tributary of the Osage river, in Benton County, Missouri, lat. 40, long. 95, about two thousand miles from New York, twenty feet underground, together with many relics of tropical vegetation, as cane and logwood. Immediately under the femur, Mr. Roch discovered an arrow-head of rose-coloured flint, such as the Indians use, but of a larger size, and at a distance of five or six feet he found four more arrow-heads. Three of these were of the same workmanship as the preceding; the fourth was of very inferior manufacture. One of these was agate, and another blue flint. All of them are exhibited with the skeleton. The discovery of the arrow-heads, independently of local tradition, establishes the existence of man at an era of which we have had no account, but from the confused mass of legendary lore, and the often contradictory fables of the heathen mythology.

CHRONIC INFLAMMATIOV OF THE UTERUS.

By J. R. BISCHOFF, M.D. Physician to the Lying-in Hospital, of Prague.

[For the Medical Times.]

Chronic inflammations are a very abundant source of various sufferings to which mankind are exposed; they are often with difficulty made out, and their cure is still more difficult, for their course is slow and imperceptible, and our art can only oppose them with success by a treatment, steady and long continued, antiphlogistic, and yet not too active. Patience and perseverance are as necessary on the part of the patient as of the physician; whence the moral treatment, which keeps the sufferer in confident hope, is of the greatest consequence. Their outset is almost always attended with such slight symptoms that the patient scarcely notices them. They even escape the sagacity of the physician. They often begin as acute inflammation, and afterwards assume the chronic form; this more especially occurs when the organ which is attacked has been long before in a disordered or irritable state.

A woman of the town, 28 years of age, of a sprightly temperament and middle stature, had twice, since her 21st year, been treated for inflammation of the uterus, and once for an hæmorrhage of that organ, *both* the consequence of her mode of life. On the 3rd of March she was seized with shivering and subsequent heat, pains in the loins and lower part of the abdomen; she endeavoured by the use of chamomile tea to abate them, and remained at home up to the eleventh day of her illness; but as her suffering was not relieved, she came into the hospital on the 14th of March, in the following state:—There was pain in the head, the countenance was pale and hot, with marks of suffering; the thirst great, the tongue white, the breathing free, the abdomen tense, attended with a darting continued pain in the region of the uterus from the slightest pressure; she made water without difficulty; the bowels open, though generally irregular; she had occasional tenesmus and swelling of the hæmorrhoidal veins; the pulse was moderately quick, contracted, oppressed, and rather hard. The menses had not appeared for about three months; she said that during this period she had suffered from occasional but frequent attacks of darting penetrating pains at the bottom of the belly, which she thought were spasms. She was bled to seven ounces, and emollient fomentations (as cataplasms could not be borne) were ordered; also

Ol. Amygdat. ℥iij,
Mucil. Acac. ʒvj,
Syr. Alth. ℥ss,
Aquæ Distill. ℥vj.

A tablespoonful to be taken three or four times a day.

On the day following the pains were diminished, the pulse was more free, the urine pale yellow; she had had a stool. The disease remained in this improved state till the 19th, when the pains returned with violence, and more fever came on; she was bled again to eight ounces, and took half a grain of calomel three times a day. The violence of the pains was with this considerably lessened, but they were in proportion more continued, and extended sometimes towards the kidneys, at others towards the sacrum; the fever was moderate, but feverishness, especially towards evening, came on with increased thirst; an excited and quick pulse; the urine continued of a pale yellow colour, and threw down a mucous sediment; she continued six weeks in this state, and evidently lost flesh. With regard to the *treatment* in the more violent attacks leeches or cupping were used; when the pain was not in the integuments, but affected the inward parts, emollient cataplasms and glysters, mercurial friction and tepid baths, were also diligently employed; inwardly, Decoc. Alth., emulsions, calomel, and Ext. Hyoscyami, were given, and a very light nourishing diet, consisting merely of mucilaginous substances, were ordered. The pains, as well as the slow fever, in five or six weeks (when also the menses appeared) gradually abated, and entirely disappeared in the seventh week. For a fortnight she was taken good care of as convalescent; and on the 24th of May, free from any trace of pain or complaint, she was discharged, and advised to change her mode of life.

To the Editor of the 'Medical Times.'

Sir,—In your last number, under the head "Pharmaceutical Notices," I perceive some observations on the value of burnt rhubarb in diarrhœa, to the truth of which I can bear ample testimony, from the results of my own experience in this country, and in other parts of the world.

I have used it since 1813, with the greatest advantage in diarrhœas arising from inflammatory action, debility, organic injury, or ulceration of the substance of the intestines. At various times, from 1818 to 1821, I have found it of the greatest possible benefit in diarrhœas resulting from the use of the sugar cane, as a substitute for food in times of scarcity. In North America, and in Canada, during several years previous to 1841, I have employed it with equal success. It may safely be relied upon in the severest cases, and in the diarrhœas of children it is invaluable. I have never known it to fail in a single instance. I only differ from Mr. Hoblyn in the quantity exhibited. I have always given from ʒj to ʒiß according to the urgency of the case, to an adult.—I am, Sir, your very obedient servant (in haste)

R. Ayton.

Soho Square, 3d January, 1842.

MEDICAL NEWS.

Death of a Woman from alleged Neglect of a Midwife.—An inquiry, which has been twice adjourned, was resumed on Thursday the 30th ult,, at Deptford, before Mr. Carttar, the Coroner. The deceased, Ann Smith, had received an order from the Royal Kent Dispensary, to be attended by one of the midwives appointed by that charity. She had applied to Mrs. Powell, the midwife, who, upon being sent for, deputed an unqualified person, and the deceased died two days after her confinement from inflammation of the chest, which was proved by a *post-mortem* examination, made by Dr. Huffull previous to the last inquiry, who also stated,

that if medical attendance had been provided for the deceased at her confinement her life might have been spared. The inquiry was adjourned in consequence of Mrs. Powell refusing to attend, and a summons was issued, demanding her presence before the jury, and upon her entering the inquest-room she was reprimanded by the coroner. Upon being sworn, she stated that upon visiting the deceased, she appeared to witness to be labouring under the influence of liquor. Witness left, saying that her own bad state of health would prevent her from attending in the night time, and that she must be attended by the other midwife, Mrs. Smith. She had a messenger come on Sunday, who stated that the child was born. She was unable to attend herself, and sent a nurse who was attending witness. On Tuesday she heard that deceased was dead.—Coroner: Do you not know that it was your duty to send to a medical officer of the Dispensary?—Witness: I did not.—Foreman: Dr. Huffell stated that if an experienced person had seen the deceased, a medical gentleman would have been called in, and the life of deceased saved.—Coroner: It was, and the witness knows, as these rules of the Dispensary state, which I produce that it was her duty to do so. Addressing the witness, he added: Although you chose to send a deputy, you will, at any rate (the deceased being your patient) be held responsible by the charity for the death of this poor woman, who has clearly died from neglect. The jury fully concurred with this opinion, adding, that medicine had, through ignorance, been applied for and administered for a complaint under which the deceased was not labouring. The foreman said, it appeared to him that the deceased had been neglected, in consequence of not being a private patient, as she had previously been, of Mrs. Powell's. This the witness denied. The Coroner, after summing up the evidence, said, that although no language could be sufficiently strong to condemn the inhumanity of any person who refused to attend under the circumstances, still no person could be held legally responsible. The jury could, however, couple any remark with the verdict, which was, "That the deceased had died from inflammation; at the same time the jury beg to express an opinion, that had the qualified midwife attended, the life of the deceased might have been preserved, and they express their censure at the conduct of Mrs. Elizabeth Powell."

MANSLAUGHTER BY A SURGEON.—On Friday last an inquest was held by Mr. C. Hudson, Coroner, at Motley, Cheshire, and by adjournment on Monday and Tuesdsy last, on view of the body of Sarah Shaw, whose death was occasioned by the unskilfulness of an assistant-surgeon, named William Derbyshire. Derbyshire was assistant to Mr. Walton, surgeon to the Staleybridge Board of Health. On On December 17, she was taken in labour, and Derbyshire went to her assistance, and delivered her of a female child, but from the unskilfulness with which she was treated she died in a few days afterwards. At the first examination the testimony of Derbyshire went to show that death had originated from want of the common necessaries of life; but the evidence not being satisfactory to the Coroner, another medical man was called in, and made a *post-mortem* examination of the body, from whose examination it appeared death had been caused by the unskilfulness of the assistant-surgeon, Derbyshire, whereupon a verdict of Manslaughter was returned against him, and he was forthwith committed for trial by the Coroner.

THE STEAM ENGINE.—M. Delecluze has lately published in the *Artiste* a notice on the life of Leonardo da Vinci, to which he adds a fac-simile of a page from one of his manuscripts, and on which are five sketches with the pen, representing the details of the apparatus of a steam-gun, with an explanatory note upon what he designates under the name of the "Architonnerre," and of which note the following translation:—"Invention of Archimedes. The Architonnerre is a machine of fine copper, which throws balls with a loud report and great force. It is used in the following manner:—One-third of this instrument contains a large quantity of charcoal fire. When the water is well heated, a screw at the top of the vessel which contains the water must be made quite tight. On closing the screw above, all the water will escape below, will descend into the heated portion of the instrument, and be immediately converted into a vapour so abundant and powerful, that it is wonderful to see its fury and hear the noise it produces. This machine will carry a ball of a talent in weight." Leonardo da Vinci, far from claiming the merit of this invention for himself, or the men of his time, attributes it to Archimedes.—*Galignani's Messenger.*

MEDICAL CORONER.—Another triumph has been won in the question of Medical Coroners, by the election of Mr. Henry Churton, surgeon, of Chester, as Coroner for the southern division of the county of Chester. The polling took place on Monday and Tuesday last, Dec. 27 and 28, and at the close stood thus—For the medical candidate, 1515, for the attorney, 1345, giving Mr. Churton a majority of 170 over his opponent, Mr. Massey, who had the united interests of two other candidates who had retired.

MEDICAL STATISTICS.—The Council of the Statistical Society has appointed a "Committee of Hospital Statistics," to consider the best means of collecting facts that will be susceptible of numerical analysis on an uniform plan, in periodical returns made from the various sanatory institutions of the country. The Committee has invited the co-operation of the officers of the London hospitals; and a meeting on the subject will probably take place early in January. As a preliminary step, it is proposed, with the permission of the authorities, to enumerate (on January 8, 1842,) all the patients in the following hospitals—St. George's, the Westminster, the Charing-Cross, the Middlesex, University College, King's College, St. Bartholomew's, the London, Guy's, St. Thomas's, the Small-Pox, the Fever, and the Lock. The age, sex, occupation, and disease, and the duration of the disease, prior and subsequent to admission, are to be distinguished in schedules, printed for the purpose by the Society; and the enumeration is proposed to be effected by gentlemen nominated by the medical officers.

MEDICAL ASSOCIATION OF IRELAND.—Thursday, Dec. 23.—Council met. The Treasurer acknowledged the receipt of the following:—Dr. Woods, Roscrea, 10s., renewal subscription. W. D. Hemphill, M.D., Clonmel, 10s. do. The President, Dr. Carmichael, read letters from Professor Kidd, of Oxford; Dr. Kidd, of Armagh; and Mr. Carter, of Newcastle-on-Tyne, expressing approval of his lately published pamphlet on medical reform. Resolved—That forms of petitions on the several subjects interesting to the profession be forwarded by the Secretary to the local secretaries, for the purpose of being signed as extensively and speedily as possible, in order that they may be ready for presentation early next session of parliament.

MEDICAL TREATMENT OF THE POOR.—The difference between England and Ireland on this subject is very great. Medical relief has been extended from time immemorial to the working classes in Ireland, even when not considered paupers, under the correct supposition that, though not paupers, they were unable to command medical aid, and thus a large, and by far the most deserving portion of our poor (the small and industrious farmer and the tradesman), obtain the best medical advice and assistance free of expense. Medical assistance cannot be cheapened so as to put it within the reach of the poor man, who, though he may have the means of enjoying and procuring the necessaries of life, yet may not be rich enough to procure the necessary medical aid for himself or his family. Who can expect good medical advice for 1s. or 6d.? In order to obtain such, a man must purchase it, and if he has but 1s. or 6d. to do so, he cannot obtain it, though with such a sum he may purchase medicines. It is in carrying out this principle that the legislature of Ireland, at the period alluded to, showed itself superior to that of England.—(*Report of the County Meath Infirmary*).

VACCINATION IN IRELAND.—Children are no longer vaccinated at the Infirmary as heretofore, the poor-law commissioners having here, as elsewhere in Ireland, set up to auction (on agreement by contract or tender) that part of the public service, at the same time limiting the payment, or, as they incorrectly called it, "remuneration" for such services, to a sum which excluded all competition on the part of respectable medical practitioners; few, very few, respectable medical men have been compelled by circumstances to accede to the terms here alluded to, and all these admit that "successful vaccination" can not be practised under the restrictions imposed upon them. There is, therefore, virtually little or no security in Ireland against the ravages of small-pox. The act of parliament passed in the 3rd and 4th of Victoria, entitled "An act to extend the practice of vaccination," has been rendered inoperative by transferring those duties from respectable medical practitioner irrespective of former services gratuitously afforded, into the hands of men, the greater number of whom are not as the act requires "competent medical practitioners," but apothecaries or druggists holding no diploma, medical or surgical, and it is feared many have entered into those contracts whose statements are not deserving of confidence.—(*Ibid*).

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths from all causes registered in the four weeks ending Dec. 11, 1841.

	Nov. 20th	27th	Dec. 4th	11th
Small-Pox	9	3	8	5
Measles	30	39	40	37
Scarlatina	18	17	3	16
Hooping-Cough	45	59	62	33
Croup	8	13	9	10
Thrush	8	1	2	5
Diarrhœa	5	3	6	11
Dysentery	2	—	—	—
Cholera	—	—	—	1
Influenza	3	2	—	1
Typhus	18	20	23	24
Erysipelas	8	3	6	6
Syphilis	1	—	—	2
Hydrophobia	—	1	—	—
Diseases of the Brain, Nerves, and Senses	120	134	136	132
Diseases of the Lungs, and Organs of Respiration	258	265	291	218
Diseases of the Heart and Blood-vessels	18	20	17	19
Diseases of the Stomach, Liver, &c.	63	64	44	60
Diseases of the Kidneys, &c.	4	1	2	8
Childbed	3	10	8	6
Ovarian Dropsy	—	—	—	—
Disease of Uterus, &c.	1	1	3	2
Rheumatism	1	3	5	4
Diseases of Joints, &c.	1	2	4	4
Ulcer	—	—	1	—
Fistula	—	—	—	1
Diseases of Skin, &c.	—	—	1	—
Diseases of Uncertain Seat	101	129	99	89
Old Age or Natural Decay	60	79	51	56
Violence, Privation, or Intemperance	14	19	23	18
Causes not specified	1	5	4	5
Deaths from all Causes	859	900	859	770

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List of Gentlemen admitted members on Friday, December 31st, 1841 :—

Vernon Francis Eusom; Henry Weld; Henry Newman; Charles Nicol Sissmore; John Leigh; John Humpage; William Charles Frederick Brookes; Thomas Leonard.

APOTHECARIES' HALL.

List of Gentlemen who received their Certificates, on Thursday, Dec. 30th, 1841 :—

John Oliver Taylor, Liverpool; Daniel Timmins, Dudley; Oswald New, Evesham; John Campling, James Edward Mathew, Thomas Taylor, London.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

1st Regiment of Dragoons — Assistant-Surgeon Henry Drummond, M.D., from the 14th Foot, to be Assistant-Surgeon, vice West, promoted to be Staff-Surgeon of the Second Class. 14th Foot—John Elliott Carter, M.D., to be Assistant-Surgeon, vice Drummond, appointed to the 1st Dragoons. 41st Foot—Assistant-Surgeon David Stewart, from the Staff, to be Assistant-Surgeon, vice Minster, deceased: — *Hospital Staff*—Assistant-Surgeon Arthur West, M.D., from the 1st Dragoons, to be Staff-Surgeon of the Second Class, vice Dumbreck, appointed to the 72d Foot. Huntly George Gordon, M.D., to be Assistant-Surgeon to the Forces, vice Stewart, appointed to the 41st Foot.

OBITUARY.—Mons. Clément Desormes, Chevalier of the Legion of Honour, Professor of Chemistry at the *Conservatoire des Arts et Métiers*, died at Paris, on the 21st November last, at the age of sixty-two years. He was distinguished for originality and depth of research, and justly entitled to rank as an eminent chemical philosopher. His experiments on the gaseous oxide of carbon, published in the year 1801, refuted the last argument of the partisans of phlogiston. To him science is indebted for the theory of the production of sulphuric acid, the determination of the absolute zero of temperature, and for an able and elaborate investigation of the mechanical force of heat. In that last memoir was promulgated the important fact, that the quantity of heat contained in a given weight of vapour, is constant for all temperatures and all pressures, if the space occupied by the vapour be saturated therewith. The grand discovery of the constitution of the carburet of sulphur, denied by Berthollet, but afterwards fully confirmed by Thénard, Vauquelin, and Berzelius, gained him the lasting opposition of the Author of the Chemical Statistics, and the *coterie* of Arcueil. The Count Berthollet could not forgive a man who had demolished a favourite theory, however baseless the fabric upon which that theory had been reared.

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Delivered in the Hospital of La Charité, by Professor CHOMEL.

LECTURE VII.

4. *Lesions of the gastro-intestinal tube.*—M. Louis, in his excellent work on typhoid fever, and other acute diseases, peripneumonia in particular, has arrived at the following result: when an acute affection, whatever may be its seat, gives rise to febrile excitement of a certain intensity and duration, the mucous membrane of the small intestine is, in a great majority of cases, more or less deeply affected at some period of the disease, according to the predisposition of the patient. The intensity of the fever appears to be a grand cause of these secondary alterations; ramollissement, which is the most remarkable feature, having been more common in those affected with pneumonia, than in those who had sunk from other diseases, (excepting typhoid fever). The same law is applicable to the stomach and large intestine, inasmuch that these secondary lesions hasten more or less the death of the patient, and sometimes become its true cause. We may remark, that out of 24 subjects who had sunk under pneumonia, we found in 8 ramollissement of the mucous membrane of the stomach, in various degrees. This softening certainly cannot be attributed to the strong emetics sometimes employed in clinical practice; for among the 8 subjects in whom we found this ramollissement of the mucous membrane, three only had taken these emetics during one or two days, whilst nearly half of the 16 others who presented *no* ramollissement had undergone the same treatment.

Nevertheless this softening is observed as frequently in other acute diseases as in pneumonia; for example, out of forty-two cases of typhoid fever, it has been observed 14 times; in 10 cases of acute peritonitis three times; and in 5 cases of variola twice. No particular symptom caused us to suspect this lesion during life, which may induce the belief either that it merely developes itself during the last days of the disease, or in some instances only a few hours before death, and perhaps even a little while after.

The lesions of the intestinal tube are also very frequent in children, in whom we may observe, they very often precede the pneumonia.

Hitherto we have only spoken of the lesions which have a more or less direct relation with pneumonia; there are likewise others which, more uncommon, appear also less directly connected with the principal disease. Thus, pneumonia sometimes complicates itself with pulmonary œdema; at other times, the œdema occupies the same parts as the inflammation; at such times the tissue is considerably tumefied, it is more resistant on pressure, a much larger quantity of serosity, but less coloured, is given forth than in ordinary cases; sometimes the œdema occupies the portions which separate the inflamed regions, and the tissue thus affected differs essentially from that which is attacked by inflammation, by the absence of all friability, and by the abundant and colourless serosity which flows from it on incision, or on pressure. Pneumonia sometimes also supervenes on *pulmonary apoplexy*; we then find a greater or less extent of the organ in the state of engorgement, or of red or grey hepatisation circumscribing more or less exactly the hæmorrhagic collection. At other times the apoplexy appears in the course of pneumonia; its anatomical characters are then rather different from those of simple apoplexy. Thus M. Rousset has found that the apoplectic collection in this case is much smaller, and instead of being of a spheroid form is stellated, or at least more or less angular; in the centre there is always a clot, even in cases where the disease is quite recent; this difference is owing, according to this author, to the following circumstance—that the small cells and capillary vessels of the hepatised lung are occupied by liquids of a greater or less consistence; so that the apoplectic effusion can only be found in a small number of irregularly disposed cells which have escaped inflammation; moreover the number of these small cells not being in proportion to the sanguineous effusion, and the friability of the tissue being considerably augmented by this inflammation, the rupture of the pulmonary tissue, and consequently the formation of a clot, must be the immediate effect of the apoplectic effort.

According to M. Rousset, this complication always coincides with a symptom which never has deceived him, and which he thence considers as pathognomonic, viz., the matter of the expectoration is much more abundant and very liquid; a red tinge appears on its surface undisturbed, but if shaken it presents a colour resembling a solution of extract of liquorice.

In some cases pneumonia attacks a lung when in a state of emphysema; the tissue then has the appearance of a cavernous body, as we have before stated. At other times we find on the hepatised part some groups of dilated vesicles. We may easily imagine that this complication of lesions might give to the corresponding part of the thorax a degree of sonorousness which in all probability would lead into error.

Dilatation of the bronchi is also sometimes observed in inflamed lungs. This complication is more especially met with in children. Thus MM. Rilliet and Barthez have found it in more than a fourth of the cases which have terminated fatally; and always, except in one instance, the dilated bronchi were surrounded by diseased tissue, either hepatised or cornified. It appeared to them, that in the majority of cases this dilatation must have shown itself at the same time as the pneumonia, or during its continuance, the stethoscopic examination not having revealed any symptom previous to those of the pneumonia; it is nevertheless difficult to determine this question. The abundant mucous secretions, and the length of time they remain in the interior of the bronchial ramifications, would explain mechanically the mode of the formation of this lesion.

Pericarditis, arachnitis, and other inflammations, are also sometimes complicated with pneumonia, as we shall see in describing the symptoms of this disease. Pneumonia sometimes presents anatomical forms which it is necessary to point out.

Hypostatic pneumonia.—M. Piorry has given the name of *hypostatic pneumonia* to the inflammation of the lung following a passive engorgement of this organ, and constituting a special form by its causes, commencement, symptoms, progress, anatomical characters, and treatment.

In all hospitals, even in those especially devoted to children, we meet with this particular form of pneumonia, which is however more frequent among the aged and wounded.

The attention of morbid anatomists has from the earliest time been directed to the sanguineous engorgement, presented in the most depending portions of lung in corpses which have been left upon their back, an engorgement similar to that observed in the integuments of the posterior region of the trunk in the same subjects. This tendency of the blood to accumulate before death in the most depending parts is so great, that, according to the observation of M. Andral, in cases where death had taken place in a state of anemia, he still found most commonly a sanguineous congestion in the most depending parts of the pulmonary parenchyma.

It has been equally acknowledged that this engorgement might take place in the last moments of life, and M. Bayle has proved, in several instances, that the lungs become engorged on that side upon which the patient lies. But according to MM. Beclard and Andral, this assertion would only be true in cases where the agony had been prolonged, or where some mechanical power opposes the return of the blood to the heart. M. Piorry at the present time asserts, that sanguineous engorgement of the most depending parts of the lung is easily transformed into inflammatory engorgement of a particular form; that this lesion is formed a considerable time before death, and that we must attribute the deaths of a great many subjects to this cause.

We will rapidly explain the characters that have been attributed to hypostatic pneumonia by this author, and which we have several times had an opportunity of proving in the different hospitals to which we have been attached.

Considered in reference to morbid anatomy, hypostatic pneumonia may present the different states of ordinary pneumonia, but differs essentially from it by its usual seat and circumscribed character. When the decubitus is dorsal, this lesion is almost constantly seated in the most depending part of the lung which corresponds to the inferior angle of the scapula, and to the excavation observed in the thorax on each side of the vertebral column. It is this region of the lung that is attacked first, and the lesions of which are most advanced when pneumonia has gone through the different degrees.

The limits separating the parts which are affected from those which are healthy, are not fixed by the divisions of the lung into lobes and lobules, as in ordinary pneumonia, but by lines running parallel to its most depending surface, and passing from one lobe to another. If the pneumonia has passed through its different stages, we find the inferior portion of the lung in a state of grey hepatization, a zone of hepatization in the middle, and this again surmounted by tissue in a more or less dense state of inflammatory engorgement. Still, according to M. Piorry, that part of the lung bordering most closely on the base, is not always so much diseased as the parts corresponding to the root of the lung, or even as the superior lobes of this organ. The cause of this phenomenon is most probably seated in the slighter degree of vascularity of the part, or in some other peculiarity of structure, as, for instance, that induced by compression from the liver or abdominal viscera. Hypostatic pneumonia, in five-sixths of the cases affected, is seated in the right lung, and when double, it is in a much more advanced stage in the right than in the left lung. This proportion is much greater than that observed in ordinary pneumonia, and seems to be owing to the decubitus being usually on the right side. The frequency of this form of pneumonia, and the degree at which it may arrive, are regulated by the quantity of blood possessed by the individual during life, and by the length of time the disease has existed. Thus, it is rare or very little advanced in patients dying of hæmorrhage, or of a serous flux from the intestines. If, on the contrary, the subject has been for a long time ill, and has still preserved a large quantity of blood, the

hypostatic pneumonia will be in an advanced stage, and spread over a large extent. Pleurisy, with or without effusion, is very rarely complicated with this form of pneumonia, which almost always exists alone. Most frequently we find a state of asphyxia induced by a frothy secretion in the bronchi, either of a general or partial character.

Of pneumonia developed in the course of typhoid and eruptive fevers.—The pulmonary lesions which we are now about to describe, are observed equally in typhoid and in eruptive fevers; only they are much more marked in the former than in the latter diseases. These lesions vary in their intensity, their depth, and their forms; some altogether resemble those observed in ordinary pneumonia, while others offer some especial characters, which we shall particularly point out. The first class consists of inflammatory engorgement, and red and grey hepatization, affecting a more or less considerable extent of the lung, as in the simple pneumonia of adults; still it is important to remark, that these lesions are frequently presented under the *lobular* or *disseminated* form, a form of exceedingly rare occurrence in the common pneumonia of adults. We may also observe, that it is very rare to meet with grey hepatization, the individual usually sinking before the pneumonia has arrived at this third stage. Finally, simple and common engorgement, unaccompanied by ramollissement of the tissue, and which appears to be merely attributable to very prolonged dorsal *decubitus*, and to the facility with which the liquids are borne to the most depending parts of the body, in proportion as the powers are enfeebled, is much more frequent and more extended in typhoid fever than in any other disease. The following are the principal lesions induced in the lungs by typhoid fever:—

1st, *Engorgement.*—The parenchyma is of a deep red, deeper than in common inflammatory engorgement; its density is augmented; it is still crepitant, but much less so than in the natural state, and in a greater degree than in inflammatory engorgement. A deep red liquid, but *frothless*, escapes freely on pressure or incision. The small bronchial ramifications contain a viscous and colourless liquid, often puriform and thick, instead of that abundant and reddish fluid which we meet with in cases of inflammatory engorgement. In this latter form, the tissue being, as it were soddened, loses in a great measure its red tint, and becomes greyish or of a dingy red, and is more easily torn than in the sound state; whilst the engorged lung, in typhoid fever, preserves its deep red tint, if the lesion be not altogether recent. Still these anatomical characters are far from being always thus distinct, and it is often necessary to take account of the symptoms noticed during life, before we can decide whether the lesion be inflammatory or not.

Secondly, *Colouration under the form of patches.*—This modification is deserving of attention, as being scarcely ever met with, except in typhoid fever. It is almost always observed at the posterior and inferior part of the lung; the tissue of these regions is redder than in the natural state, and presents patches of a deep violet-red, very apparent, usually rounded, of about five or six lines in thickness, and larger on the surface of the lung than in the interior, where they become reduced to a few lines in diameter. The parenchyma is usually rather more dense in these points than in the surrounding parts, but does not contain a larger quantity of blood, nor does it lose its suppleness. These patches offer great varieties; their extent and depth, for instance, are sometimes very considerable. I have seen some of them extend over a surface of three or four inches, and nearly an inch in depth: in some cases they assume the form of bands or zones; the tissue may present its ordinary density in these parts, and a small quantity of a blackish liquid, but frothless, sometimes escapes from it on pressure; these stains again are not always superficial; in some cases, they are only met with in the deeper parts of the organ.

Thirdly, *Carnification.*—*Carnified* parenchyma, so called from its resemblance to the muscular tissue, is of a deep red or bluish colour; it is heavy, deprived of air, and sinks in water; on incision, its surface becomes covered with a thick liquid of a red colour, but devoid of air-bubbles. If, by repeated attempts, we press out all the contained fluid, the tissue still retains its intensely red colour; it is not friable; on the contrary, it offers more resistance than in the normal state, and it is only with great difficulty that the fingers can be forced into it. The texture of the parenchyma is changed in appearance, but, in some cases, the vessels may be observed in a more or less patulous state; at other times, the vessels, being distended with blood, present the appearance of fibres, rendering the comparison, which we have employed, still more striking. It never offers that granulated aspect which forms one of the important characters of hepatization, but presents merely a kind of red zone of varied degrees of intensity. We may add, that the carnified tissue never passes into a state of suppuration. It is also very rare to find the pleura attacked in the course of this affection. We see, then, that carnification differs essentially from engorgement and red hepatization, by its colour, by the increased density of the tissue, and by the liquid which escapes on incision. Moreover, it never affects the summit or the anterior part of the lung. These differences become still more striking when, as sometimes happens, carnification and hepatization occupy separate parts of the same lung.

Fourthly, *Splenization.*—Among the various pulmonary lesions found in individuals who have died of typhoid fever, there is none which seems so peculiar to this disease as splenisation. The parenchyma is impermeable to the air; it is of a brown or livid red colour, and becomes reduced to a sort of pulp under the pressure of the finger; in a word, it offers the greatest analogy to a softened spleen. This lesion sometimes progresses with extreme rapidity. We must not confound it with a particular species of red ramollissement of the pulmonary parenchyma, a ramollissement which is analogous to that so accurately pointed out by MM. Rostan, Bouillaud, &c., and which is seated in the brain. In this latter form we find the tissue of the lung, frequently through a considerable extent, as for instance, an entire lobe, softened and diffluent, resembling currant-jelly; this diseased mass is accurately limited, and separated from the surrounding parenchyma which is in a sound state; sometimes we find in the corresponding pleura a certain quantity of sanguinolent serosity. This alteration, by its sudden invasion, by its ordinary coincidence with hypertrophy of the heart, and particularly of the right ventricle, offers some analogy to diffuse apoplexy of the lung.

Fifthly, Similar *abscesses* to those which we have described under the name of *metastatic*, are also frequently observed in the course of typhoid fever.

What is the cause of the various lesions of the lung, which we have just been describing under the names of *engorgement, of colouration in patches, of carnification, and of splenisation*, lesions so remarkable in their nature and their frequency? Ought we to seek for it in an enfeebled and enervated condition of the pulmonary system? In some alterations of the blood? These are questions we cannot answer; but we can more readily account for the *disseminate* lesions so often presented by the lung in this disease, lesions closely resembling those induced by this affection in the skin, viz., *vibices* and in the intestines, viz., tumefaction and ulceration of the glands of Peyer and of the follicles of Brunner. We have seen, that in an immense majority of cases the *typhoid* lesions of the lung are seated in its posterior and inferior regions: this it is that has induced many authors to attribute them in a great measure to the dorsal decubitus, so constant and so prolonged in individuals affected with typhoid fever. Without denying the influence of this decubitus, we do not think that it can be the sole cause, since the same alterations have sometimes been observed at the summit and towards the anterior border of the lungs. And again, is not ordinary pneumonia more frequent in the posterior and inferior region of the lungs? And has the idea ever occurred of attributing it to the decubitus alone? The following facts, collected by M. Louis, tend also to bear out my view of the question. In four out of ten subjects who sunk between the eighth and the fifteenth day of the affection, in two out of seven who sunk between the sixteenth and twentieth day, in eleven out of twenty who sunk between the twentieth and the thirtieth day, and in three out of nine who sunk after that period, splenisation or carnification existed alone, or complicated with partial inflammation of the lung in the first or second stage; "so that," says M. Louis, "although this alteration was found at the most depending part of the lungs, it is not possible to affirm that the position of the body had had much influence in determining its seat, the patients in whom the affection had most prolonged itself having exhibited it in a less proportion than those who had sunk at a more early period. And this conclusion will appear the more legitimate, from the fact of the splenisation having pursued a course but little different from that of most of the other lesions, in the production of which, however, the position of the body did not appear to have any influence."

Are these lesions, of which we have just been speaking, as especially connected with typhoid fever, dependent on inflammation? This is a point upon which authors are not agreed; some regard them as lesions *sui generis*, others consider them as depending on inflammation, but still admit that they are greatly modified in their form by the general character of the typhoid fever. The extreme frequency of latent pneumonia in the course of typhoid fever seems also to strengthen this latter opinion. Moreover, if we call to mind that these lesions sometimes exist in the same lung, and at the same time as ordinary red hepatisation, we can scarcely fail to regard them as inflammatory, but must still admit that they present especial forms, which distinguish them from common inflammation.

C. Of the Pneumonia accompanying Epidemic Catarrh.—The pneumonias which have been developed during the late catarrhal epidemics, have offered some particular signs, to which we must for an instant direct your attention. The first point is the very remarkable frequency of this complication. Out of 184 men admitted under M. Petit at the Hotel Dieu, from the 15th of January to the 1st of March, 125 had been affected with catarrh, and out of these 33 were attacked with pneumonia, an enormous proportion. Among the women the proportion was much less considerable. Thus, out of 68 patients admitted, 58 had catarrh, and of this number 7 only presented the symptoms of pneumonia; this difference in the proportion of pneumonia as between men and women has been generally observed; a further proof that women are much less subject to pneumonia than men. This form of pneumonia is most commonly seated in the middle and inferior lobes, and very rarely in the summit of the lungs. In 40 subjects observed by M. Landau, the inflammation in 21 occupied both lungs; in 11 it was seated in the right lung, and in 8 in the left; this circumstance is important, being so different to what is observed in ordinary cases, in which the number of double pneumonias is much less considerable. This variety of pneumonia seldom reaches the third stage, at least in any considerable extent, for it is not uncommon to find some grey hepatized points scattered in the midst of red hepatization. Most commonly the hepatized tissue presents miliary granulations of a red or grey colour, from which a sanguinolent or puriform fluid escapes on pressure. The bronchi contained in the inflamed portion of the lung, present a redness of a more or less intense character, and bounded off in an abrupt manner. But a very remarkable character of this form of pneumonia, and which has been particularly pointed out by M. Nonat, consists in concretions seated in the bronchi of the hepatized portion. These foreign bodies were cylindrical, whitish, fibrinous, and of a certain elasticity, being slightly adherent to the subjacent mucous membrane, and sending prolongations even into the most minute divisions of the bronchi, but it was not possible to ascertain whether they penetrated into the pulmonary cells. In the bronchi proceeding from the suppurated lobes, these pseudo-membranous cylinders were softer and surrounded with a puriform liquid. Concretions of the same nature here and there filled up the larger bronchi, and completely obliterated them. These concretions were, in their chemical characters,

analogous to the false membranes of croup; they were insoluble in water and in acids, but became dissolved in a rather concentrated alcaline solution. M. Nonat having placed a hepatized lobe in alcohol diluted with water, the concretions diminished in size, but still preserved their whitish aspect and cylindrical form; the pulmonary parenchyma became contracted, and the miliary granulations quickly and completely disappeared; this latter fact, according to this author, tending to prove that these granulations did not extend to the pseudo-membranous concretions. Age appears to have great influence over the production of these false membranes; for out of 10 patients who offered this lesion, in a variable degree, 9 were under 60 years of age, and one only was 72. Another fact which corroborates this opinion is, that in more than 20 cases observed at *La Salpêtrière*, M. Hourman has not once found false membranes in the bronchi of hepatized lobes. M. Dechambre has also made the same remark. Pneumonia, accompanied with pseudo-membranous bronchitis, has been pointed out by several authors, particularly MM. Reynaud and Lobstein.

D. Of acute tuberculous Pneumonia.—The acute pneumonia which is manifested in the course of tubercular phthisis is not uncommon. M. Louis has met with it in the second stage spread over a very variable extent, in somewhat less than a sixth of the cases brought under his notice. The hepatization has almost always taken place in the inferior lobe. In 9 patients it occupied a large extent, the half, and even three-quarters of one lung; in the others it was limited to a much smaller space, and appeared under the form of small masses more or less disseminated. The tuberculous excavations were of a large size in the first four subjects; in the others there were found demi-transparent granulations, or tubercles of an incomplete character. The characters of the lesion indicated a disease of recent formation, and the history of the symptoms proved that its appearance preceded death but a few days. This author has met with engorgement, or the first stage of peripneumonia in 23 subjects, but generally of a small extent. In 4 cases only the lesion occupied the greater part of one, or even of both lungs. The pulmonary parenchyma was, in these instances, still somewhat crepitant, and on an incision being made into it, a large quantity of a red and frothy fluid escaped; its consistence was greatly diminished, and it was torn without effort. In one case, where the engorgement occupied a considerable space, M. Louis has observed, two days before death, some pains in the affected side, and then a crepitation of a more or less fixed character. These symptoms, while confirming the inflammatory character of the lesion, showed that in this, as in the preceding case, the inflammation had merely commenced during the last days of life. We may add, that Dr. Carswell has proved, that in acute phthisis, the tissue intermediate to the tuberculous granulations very soon becomes the seat of a considerable serous infiltration, and sometimes this serous congestion is combined with inflammation in the first or second stage, which then becomes invested with peculiar characters. It appears at first view, that the tubercles so frequent in youth, would often be met with in the pneumonia of infants; still, according to MM. Gerhard, Rufz, Rilliet, and Barthez, they are very uncommon at this age. These latter authors have found it but 15 times in 43 autopsies. In three cases they existed in other organs besides the lungs; in the others their number was generally small; they were seated most frequently in the superior lobe; twice they were formed at the extremity of a dilated bronchus, and twice in the centre of an inflamed lobule. But these authors do not here speak of those more frequent cases where the tubercles, being the principal disease, the pneumonia merely forms a complication; they refer only to those where the pneumonia appears as a primitive lesion.

In my next lecture, I shall proceed to the subject of chronic pneumonia.

Mr. Babington, F.L.S., of St. John's College, Cambridge, is a Candidate for the Chair of Botany, at King's College, vacant by the death of Professor Don. Dr. Leman is Candidate for the Librarianship of the Linnæan Society, vacant by the same event.

WOUNDS.

By W. T. KAY, Esq., M.R.S.L., &c.

Gunshot Wounds receive their name from the manner in which they are produced, being generally caused by hard, obtuse, metallic bodies, projected from cannons, muskets, or some other species of fire-arms. With such injuries, it is also usual to comprehend a variety of dreadful accidents arising from the explosion of shells, or the violence with which pieces of stone from ramparts, or splinters of wood on board of ship, are driven about. Gunshot wounds are the most considerable of the contused kind; and what is to be said of them, will apply more or less to all contused wounds, according to the degree of contusion. The excessive contusion and violence observable in gunshot wounds, depend upon the rapidity with which the bodies occasioning them are propelled. The parts touched by the ball are frequently converted into a blackish slough, the colour of which made our ancestors suppose, that bodies projected by gunpowder became heated, and actually burnt the flesh with which they came in contact. But reason and experience have proved, that whatever may be the rapidity of a projectile, it never acquires in its passage any perceptible heat. Indeed, Richerand* asserts, that such a degree of heat as would be requisite to make a ball burn parts in its passage would really melt it. In general, gunshot wounds do not bleed much, except when large blood-vessels are injured, and even not always in this case.

If a musket or pistol-ball has struck a fleshy part, without injuring any material blood-vessel, we see a hole about the size of, or smaller than the bullet itself, with a more or less discoloured lip, forced inwards; and if it has passed through the parts, we find an everted edge, and a more ragged and larger orifice at the point of its exit. The hæmorrhage in this case is very slight, and the pain may be inconsiderable, inasmuch that, in many instances, the wounded man is not aware of his having received any injury. If, however, the ball has torn a large vessel or nerve, the hæmorrhage will generally be profuse, or the pain of the wound severe, and the power of the part lost. Some men will have a limb carried off, or shattered to pieces, by a cannon-ball, without exhibiting the slightest symptoms of mental or corporeal agitation; nay, even without being conscious of the occurrence; and when they are, they will coolly argue on the probable result of the injury: while a deadly paleness, instant vomiting, profuse perspiration, and universal tremor, will seize another on the receipt of a slight flesh wound. This tremor, which has been so much talked of, and which to an inexperienced eye is really terrifying, is soon relieved by a mouthful of wine or spirits, or by an opiate; but, above all, by the tenderness and sympathising manner of the surgeon, and his assurance of the patient's safety.†

In gunshot wounds it is observed, as in other cases, viz., when a large artery is partially divided, the bleeding is more profuse and dangerous than when the vessel is completely severed, and the hæmorrhage, if not repressed by a tourniquet or other means, will often continue until the patient dies. Thus Mr. Guthrie speaks of three cases, in which life was lost from wounds of the femoral, brachial, and carotid arteries, no effectual means of stopping the hæmorrhage having been adopted.

The degree of violence with which gunshot wounds are inflicted, varies in different instances. If a gunshot projectile meet the body in full force, and in a straight direction—if it be small, it traverses the part, or if it be large, it carries it away. If a smaller substance meet the body directly, with a less degree of force, it will tear and lacerate the part, or break and splinter the bones. It will produce injuries of these different kinds according to the degree of force with which it is impelled. Sometimes bullets or balls strike the body obliquely, and then generally they do not enter the part, but glance off; under such circumstances, the soft textures that intervene between the skin and the bone may be torn and bruised, effusion of blood may take place, and the bone itself may be broken without the skin being injured. It often happens in battle that persons are found dead in the field in whom there is no appearance of wound to account for the occurrence; but if the bodies were accurately examined, some injury, such as that I have now mentioned, would be found to have taken place. The death of these persons has been ascribed to the 'wind' of the ball. It has been supposed that the ball has not actually struck the body, but in consequence of passing near it, some kind of influence has been produced. Thus, the occurrence of death has been vaguely ascribed to the wind of a cannon-ball.

"When an artery is divided by actually tearing the coats of the vessel, it does not give way all at once, or in an equal degree; the internal coat does not allow of so much stretching as the external or cellular coat;—if the external coat be drawn out, it contracts again, and becomes a kind of ligature round the divided, internal, and middle coats. Thus, if you take an artery out of a limb after a wound of this kind, you find the orifice of the vessel is covered up by a sort of dense superstratum, consisting of the contracted cellular coat of the artery; and in this way it happens, that when large arteries are torn, being first extended, and then divided, they do not bleed, although if a projectile goes through them, without dividing them, hæmorrhage does very frequently take place."*

A ball when it strikes a part of the body may cause several kinds of injury. 1st. It may only occasion a contusion, without penetrating the part, on account of its being too much spent, or of the oblique way in which it strikes the surface. 2nd. It may enter and lodge in the substance of a part, in which case the wound has only one aperture. 3rd. It may pierce through and through, and then there are two openings, one at the entrance, the other at the exit of the ball. The circumference of the aperture, where the shot entered, is usually depressed or forced inwards; that of the opening from which it came out, elevated, or prominent. At the entrance there is commonly more contusion and ecchymosis than at the exit of the ball. The former opening is generally narrower; the latter wider and more irregular, especially when the round smooth figure of the ball has been changed by its having struck a bone. The aperture made by the ball in the clothes is always much narrower than that occasioned in the corresponding integuments. 4th. A cannon-ball may tear off a whole limb.

Foreign bodies more frequently lodge in gunshot wounds than any others, and are commonly of three kinds:—1st. Pieces of clothing or other things which the ball forced before it into the limb. 2nd The ball itself. 3rd. Loose splinters of bone. It is only when the ball strikes the naked flesh touches no bone, and goes quite through the part that the wound can be free from extraneous matter. Foreign bodies are the cause of numerous unfavourable symptoms, by irritating sensible parts, and exciting pain, inflammation, spasms, hæmorrhage, long suppuration, &c.; and the more uneven, pointed, and hard they are, the more likely they are to produce these evils. Hence, spiculæ of bone are generally the most to be dreaded.

Treatment.—The treatment of gunshot wounds is a subject of great importance, and well merits the serious attention of the profession; and in a peculiar manner, that of the younger branches, who intend dedicating their early years to the service of their country, which during war never fails to present a wide field for improvement, whether their views are directed to the army or navy. Would not the tear of sorrow and the heart-rending sigh burst forth, if we were told that a Wolfe, an Abercrombie, or a Wellington, had been lost to his country from maltreatment? The wounds in a naval engagement are generally from cannon-shot, and consequently much more dreadful than those of the musket, and often in proportion to the extent of the wound may the danger be estimated.

In *flesh wounds*, or where there is only a loss of muscular substance, the wound must be well cleaned with a sponge moistened with water; the

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* Nosographie Chir. t. i. p. 217, 2nd edition.

† Hennen's Principles of Military Surgery, page 33.

* Lawrence's Lectures, published in the 'Medical Times,' vol. i, page 154.

hæmorrhage stopped, if issuing from the mouth of a large vessel; and the tourniquet applied and managed until the vessel is taken up, which is to be done by means of the tenaculum or forceps, taking care not to include any of the cellular membrane with which it is surrounded. If it cannot be secured in this manner, a needle must be passed round it, including as little of the surrounding parts as possible. Mr. Cumming records a case* of a man wounded at the battle of Copenhagen, who was placed under his care. "This man had his arm amputated at the insertion of the deltoid muscle; the operation appeared to have been performed in a very proper manner, so much so, that the face of the stump was perfectly covered with the integuments, and at the time he was received it was nearly cicatrized. That part where the brachial artery hung from being still open, proved a source of great distress to the patient, for every time it was touched, with a view of disengagement, the sensation, arising from a slight pull, somewhat resembled an electrical shock, which clearly evinced that a nerve had been included in the ligature; and it nearly cost the patient his life, for violent inflammation took place, pervading the whole of the stump, extending itself to the axilla, breast, and back. The parts were wrapped up with emollient poultices; and by the aid of fomentations, it terminated in suppuration, so extensive, that had he not been well supported with beef-tea, wine, porter, decoct. cinchonæ, &c., he must have sunk under it."

When the case is merely one of *contusion*, without wound or disorganisation of textures, the surgeon may sometimes prevent inflammation, or keep it within due bounds. The cure may then be accomplished without any solution of continuity in the skin taking place. But more commonly, as Dupuytren observes, acute inflammation comes on, the parts are rapidly seized with gangrene, and, if the mischief be extensive, death is almost sure to follow. Textures, whose organisation has been too much injured by contusion, cannot bear inflammation. The mortification sometimes reaches further than first appearances enable us to foresee, and it is only now that the alarming nature of the case is manifest; as for *wounds*, whether they implicate only the soft parts, or the bones also, they are of a kind, which, in general, must unavoidably suppurate; but the prospect of cure will be greater in proportion as their depth is less, as they are free from foreign bodies, and the general condition of the patient is satisfactory.†

The first thing in the treatment of a gunshot wound of a limb, is to determine, whether it be most advisable to amputate immediately, or to undertake the cure of the wound. When a bone, especially at a joint, is very much shattered; when the fleshy parts, particularly the great blood-vessels and nerves, are lacerated; when the whole limb has suffered a violent concussion, and is cold and senseless; there is no hope of preserving it. In this case, it is the surgeon's duty to amputate at once, and not to delay till inflammation, fever, and a tendency to mortification, come on. In every individual case, the surgeon must consider maturely the particular circumstances before he ventures to decide. The following are the reasons in favour of the operation. By it the patient gets rid of a dreadful contused wound, which threatens the greatest peril, and which is exchanged, as it were, for a simple incised one. The pain of amputation is not of more moment than the pain which the requisite incisions, and the extraction of foreign bodies would cause in case the operation were abandoned. Should the operation be fixed on, it is immediately to be performed above the wound.

[To be continued.]

* Med. and Phys. Jour., vol. xi., page 390.
† Dupuytren, Clin. Chir. t. ii., p. 451.

THE PHYSIOLOGY OF ANIMAL SUSTENANCE.

[For the 'Medical Times.']

THE question whether men or animals can subsist for any length of time solely on air, is one which at first sight the veriest tyro would seem able to set at rest, without any extraordinary exercise of ingenuity, any esoteric pretensions to eminent erudition, or any profound acquaintance with scientific principles—but when we take even but a cursory view of the physiology of the vegetable, as well as the animal economy, we shall find that the solution of the problem will require something more than the knowledge of a tyro.

Before, therefore, proceeding to discuss the question, we shall examine the analogy which, by many writers, has been supposed to exist between vegetables and animals.

The bark, it is said, bears a strong affinity to the skin, and some species of plants, as the cherry-tree, gum arabic, mango, cashew (anacardium), and others, exude a fluid similar to perspiration, which by exposure to the air hardens, and is known by the name of *gum*.* The roots are compared to the absorbents; the laburnum or wood to the bones; and the leaves perform the functions of the lungs. Similarity in the digestive organs seems to fail however, for plants take all their food in a liquid form; and according to some recent experiments in France, it is shown that some species can be made to grow and ripen their seeds without plunging them into the earth. The experiment was made by a French agriculturist in the following manner:—He sowed some grains of wheat on straw, and watered them well. In the usual period they produced a fine crop, and encouraged by success, he sowed some on glass covered with straw, when the same results were obtained. It would appear then, supposing these experiments to be verified, that even so important a plant as wheat requires little more than air and moisture, or carbon, oxygen, and hydrogen, for its successful cultivation—a very strong argument against the analogists.

It must be conceded that the experiments of the French agriculturist are somewhat supported by the example of the epiphytes—a class of plants that grow on other plants, without, it is alleged, deriving any nourishment from them, as the species *catasetum*, one of the Orchideæ, and those still more singular plants, aerides or air-plants, which suspended in a room continue to throw out leaves and blossoms for many weeks. That epiphytes do *not* receive nourishment from the plants on which they grow is, in our opinion, however, still open to inquiry. Some of the fig-tribe possess the power of living and growing suspended in the air for a very considerable period of time, and a fine specimen of a species of this family was formerly, and may perhaps still, be seen in the hot-house of the Botanical Garden at Edinburgh, which, if our memory fail not, had been thus chameleon-like living on air for 18 years; and as it was in 1828 when we last saw it, it has now lived in air and on air upwards of 30 years. To the list may be added some species of euphorbiaceæ, as the caoutchouc (*ficus elastica*) of Sempervivæ, as the arbor vitæ; and of cacti, as the prickly pear (*ficus Indica Jam*) which grow and flower luxuriantly on house-tops, naked rocks, and dry stone walls.† No attempt has been made, so far as we are aware, to demonstrate the existence of nerves in plants, though Lyall and others imagine they have proved the existence of organs, similar in their functions to the muscular fibre in animals. The plants in which this muscular fibre is assumed to exist, are some species of leguminosæ, among which the most remarkable is the sensitive plant (*mimosa pudica*); droseraceæ, one species of which, Venus's Fly Trap, (*dionea muscipulæ*) is remarkable for its irritability; and polypodiaceæ, in which family we find the sensitive fern. Lyall thinks that their contraction depends "on an exquisite sensibility in the plants themselves," and not to any mechanical agency; and concludes by expressing an opinion, that their motions are performed, if not by muscles, at least by *something* which is equivalent to muscles in the animal economy.

A writer in the *Encyclopedia Brittanica*, speaking of Lyall's theory, says, "It appears also that the leaves of the *drosera rotundifolia* and *longifolia* remain completely expanded during the hottest sunshine, and driest weather; during the coldest and wettest weather; during the greatest darkness, and finally, during the brightest light of day. This, however, is to be taken in a limited sense, *i. e.*, only during the expansion of the leaves, not during the cold of winter." On these facts Lyall remarks: "Here, then, neither heat, cold, dryness, dampness, darkness, nor light in general, at all affects the leaves; but if a foreign body be applied to the leaf so as to stimulate it, then it will shut up." Mrs. Ibbotson, who instituted many experiments to prove the contrary, instances, in support of her hypothesis, the hygrometer known by the name of Katers. It was made of the awn of Indian grass (*andropogon contortum*); it readily untwists with a moist atmosphere, and recoils itself when the air is dry. The same property is possessed by one of the mosses (*bryum hymometricum*); if the footstalls be moistened at the bottom, it makes three or four revolutions; if at the upper part it turns the other way. The circulation of the sap has also been said to resemble the circulation of the blood in animals; but this opinion is based on data too objectionable to obtain supporters. Mustel, of Rouen, to disprove it made several beautiful experiments, which would seem to set the matter at rest. On 12th January, 1771-2, he placed several shrubs in pots against the windows of his hot-house, some within the house, and others without it. Through holes made for this purpose in the panes of glass, he passed a branch of each of the shrubs, so that those on the inside had a branch without, and those of the outside one within; after this he took care that the holes should be exactly closed and luted. The 20th of January, a week after this disposition, all the branches that were in the hot-house began to disclose their buds. In the beginning of February there appeared leaves, and towards the end of it shoots of a considerable length, which presented the young flowers. A dwarf apple-tree and several rose-trees being submitted to the same experiment, showed the same appearance then as they commonly put on in May; in short, all the branches which were within the hot-house, and consequently kept in the warm air, were green at the end of February, and had their shoots in great forwardness. Very different were those of the same tree which were without, and exposed to the cold. None of these gave the least sign of vegetation! and the frost, which was intense at that time, broke a rose-pot placed on the outside, and killed some of the branches of that very tree which, on the inside, was every day putting forth more and more shoots, leaves, and buds, so that it was in full vegetation on one side while frozen on the other. The continuance of the frost occasioned no change in the internal branches. They all continued in a very brisk and verdant state, as if they did not belong to the tree which, on the outside, appeared in a state of the greatest suffering. On the 15th of March, notwithstanding the severity of the season, all was in full bloom. The apple-tree had its root, its stem, and part of its branches, in the hot-house. These branches were covered with leaves and flowers; but the branches of the same tree, which were carried to the outside, and exposed to the cold air, did not in the least partake of the activity of the rest, but were actually in the same state which all trees are during winter. A rose-tree in the same position showed long shoots with leaves and buds; it had even shot a vigorous branch on its stalk, while a branch which passed through to the outside had not begun to produce anything, but was in the same state with other rose-trees left in the ground. The interior branches continued their productions in a regular manner, and the external ones began theirs at the same time, and in the same manner, as they would have done had they been left in the ground. The fruits of the interior branches of the apple-tree were, in the beginning of May, of the size of nutmegs; while the blossoms had just begun to show themselves on the branches without.

These experiments seem to prove—1. That the circulation of the sap does not take place in plants as the circulation of the blood in animals. 2. That each part of a tree is furnished with a sufficient quantity of sap to effect the first production of buds, flowers, and fruits. 3. That it is heat which unfolds the leaves and produces the other parts of fructifi-

* Gum is not, strictly speaking, perspiration, and is here merely adduced as an example of the mode of reasoning adopted by the analogists. A fair specimen of a perspiratory plant, however, may be adduced in the *cornelian cherry, cornus masculus*, as it is said to evaporate twice its weight in twenty-four hours. But on this subject we shall speak at length presently.

† There are other plants also which some writers would seem to place in this class, so far as nutrition is involved. For example, *lemna* or duck-weed, and *conferva agogrophila* or ball conferva. These do not send their roots, say they, into the earth for nourishment, but float them about as if in search of food.

cation in the branch exposed to its action. From this it appears, that the vegetable economy is different from the animal, and that those who endeavoured to establish the circulation in both, carried their (love of) analogy too far.—*Clarke's Readings in Philosophy; an abridgment of the Phil. Trans.*

(To be continued.)

DR. TURNBULL'S CURES OF THE DEAF AND DUMB.

We have expressed, we believe, more than once our marked disapprobation of the extra-professional pretensions and practices of Dr. Turnbull; but following out our plan of doing justice to every one, and above all of impartially placing every *scientific* pretension, when supported by a certain amount of popular evidence, before the judgment-seat of the profession—we think it our duty to submit a few of the extraordinary cures of the deaf and dumb, which Dr. Turnbull is said to have effected recently in Scotland, and which have received the credence of the President of the Royal Society of Edinburgh, and of many other respectable parties in Scotland, with the important vouchership of Messrs. Chambers, of Edinburgh.

We give a brief abstract of the alleged cure from the report of the latter gentlemen :—

"During his recent brief residence in Edinburgh, Dr. Turnbull effected the entire cure of Miss Catherine Walker, of Kelso, a young lady known to various friends of our own as having been deaf and dumb during her whole life. We saw this young person, first a week, and next time about a month, after her cure, and found that she heard as well as any ordinary person. At the time when we saw her last, she was beginning to use her voice to some little purpose, insomuch that her friends forbade her to speak to them on her fingers, alleging that they could understand what she said.—Robert Kerse, a boy ten years of age, grandson of Sir Thomas M. Brisbane's fisherman at Mackerstoun, had been to a great extent deaf from infancy, with a discharge of matter from his ears, and frequent ear-ache. He came to Dr. Turnbull on the 10th of November, and went home on the 16th, *quite cured.*" Sir Thomas Brisbane's testimony is then added. "Sir Thomas likewise induced Mr. Main, the provost of Kelso, and Mr. Armstrong, the county officer of Roxburghshire, to send their sons to Dr. Turnbull, who was successful with them both, one being a case of congenital deafness."

"The father-in-law of one of the individuals now addressing the public has been deaf in his left year for fifty-four years, in consequence of a cold from sleeping in a damp bed. We *saw* this gentleman sit down in Dr. Turnbull's room with his left ear utterly deaf, and, in five minutes, after a process which will be afterwards described, and the application of a liquid, we saw him rise, *in possession of the hearing of that ear.* In this gentleman's case, all the efforts of many other aurists had completely failed."

Mr. Charles Hope, late President of the Court of Sessions, offers the next case.—Messrs. Chambers give a letter they received from him, in which he acknowledges a marked amelioration in his hearing—his age, 79 is given as the reason why the cure was not complete. The narrative continues :—

"Three deaf-mute children, from ten to eleven years of age, who had been for some years receiving their education in the Day School for the Deaf and Dumb in Edinburgh, attended Dr. Turnbull in April last, and had their hearing established. Mr. Drysdale, the deaf-mute master of the school, has given distinct testimony to this fact in a document which we have perused; and, at a private personal interview, when we asked categorically if these children *formerly did not hear and now do so*, he answered as emphatically that such really was the case. We saw the three children more than once, and found them able to hear very slight noises at the distance of several yards, and to pronounce words after any one speaking to them, these persons, it is important to remark, being stationed behind their backs."

"Dr. Turnbull was in Aberdeen during September and October last, in consequence of an invitation from Dr. Jack, Principal of King's College. He was there successful in a number of very interesting cases. A girl named Mary Moir, from Waterside of Thornton, near Lawrencekirk—born deaf and dumb—was enabled to hear perfectly in a few minutes. Two young persons, Margaret and Robert Stirling, of Aberdeen, deaf from birth, were also completely cured. Sophia Robertson, of the Deaf and Dumb Institution of Aberdeen, and John Scott, from Dufftown (a lad of twenty-four), were other cases of complete cure. Dr. Keith, surgeon to the Infirmary, and Mr. George Rainy, surgeon to the Ophthalmic and Auric Institution, both of Aberdeen, certify these cures in documents before us." Dr. Flemming, professor of natural philosophy, and Dr. William Gregory, professor of chemistry, have likewise given favourable testimony, the latter gentleman saying, amongst other things, with regard to the three Edinburgh children above mentioned, "The doubts which have been expressed (obviously without experimental grounds) of the permanence of your cures, must be in a great measure dissipated by the state of these individuals six months after treatment."

"Dr. Turnbull was in Glasgow at the beginning of the by-past year, and in public administered to various deaf and dumb persons," and with similar results. Of one of the deaf-mutes so cured, Messrs. C.'s correspondent writes, "She hears quite as well as the other children, and is at a school conducted by a female, who seems to be bringing her on very well, if I may judge from a specimen of her reading I witnessed to-day. Her articulation was very perfect, considering the short time that she has been at school."

To the allegation that Dr. Turnbull's cures, are little more than momentary, Messrs. C. tells us, that "Mr. Hope has continued well for six or seven months; that the three children of the Edinburgh Day-School for the Deaf and Dumb have maintained recovered hearing for an equal time; that Jane Wilkie and Margaret Muir, are better now than ever, after nearly a twelvemonth."

On the sensations of the patients on their first becoming possessed of hearing, Messrs. C. say, "Miss Walker states, in a letter before us, that she at first experienced considerable annoyance from the noise of vehicles in the street. On attending church, the singing gave her new and exquisite pleasure, though she had previously enjoyed music in the manner peculiar to some deaf persons, through the effect of vibration on the general frame. Another cured patient, who, like Miss Walker, had previously acquired considerable knowledge of written language, has drawn up a paper to enforce an hypothesis which has occurred to his mind, that sound and language are connected. A girl, residing at Glasgow, who was cured in May, has since acquired the sense of smell; when she discovered it, she held out a rose to her mother, and *said her nose had spoken.* A married woman, residing in Edinburgh, on getting home from the first experiment with recovered hearing, heard her children crying, but was not for some time aware that the sound had any connexion with their suffering."

"We proceed to report what has been stated to us, and what we have witnessed, respecting the expedients used by Dr. Turnbull for the cure of deafness :—

"In the course of general practice in 1834, he had two patients afflicted with *tic-douloureux*, extending along the temples and forehead, and producing partial blindness in one eye of each patient. By the application of veratria for about four weeks, the tic was removed, and at the same time the sight restored. This latter circumstance struck his mind forcibly, and he thought it might be well to try the effect of some of the new alkaloids upon eye-diseases. Obtaining permission to experiment in St. Giles's Workhouse, he found a patient in an old paralytic woman who wanted seeing and hearing on one side. With a view to the cure of the eye only, the forehead of this woman was rubbed daily for four days with an extract of capsicum, when her vision became completely restored; and next day—a result which had not been in the faintest degree surmised—she also regained her hearing! He tried many similar experiments, but in no other case met with such very extraordinary results. His attention was now, however, powerfully attracted to ear-diseases. Before adverting to his further progress in that walk, we may mention that he succeeded in establishing with the profession generally the powerful effects of veratria in the cure of tic-douloureux, rheumatism, gout, and all other forms of neuralgic disease.

"Experiment in time showed that, in cases of deafness arising from low nervous energy, a class to which nearly all the cases of the deaf-dumb belong, the organ may be more or less successfully treated by applying to it a weak alkaloid. This he rubs gently upon the tympanum by means of an instrument tipped with shammy leather, and generally in ten minutes the effects are manifest.

"But the greater number of diseases of the ear arise from cold, producing acute and chronic inflammation, and diminishing or altogether obstructing the flow of wax, whereby the tympanum and other parts of the outer ear, from being exposed to the air, are thickened, and so deprived of sensibility. Cold also produces inflammation and consequent accumulation of mucous in the passage called the Eustachian tube, which communicates between the internal ear and the back of the mouth. Finding cured persons relapse in consequence of the defect of wax, Dr. Turnbull was prompted to use his ingenuity in endeavouring to discover a means of sustaining that secretion. He reflected that the application of the mouth of the child to its mother's breast, by removing the pressure of the atmosphere, causes the milk immediately to flow, and he conceived that a similar result might follow with respect to the wax of the ear, if he could by any means remove the pressure of the atmosphere from the external parts. For this purpose, he at first used a syringe, with an Indian rubber mouth, exactly fitted to the aperture of the ear. The plan was successful; the blood-vessels resumed a free circulation, and the flow of wax recommenced.

"The clearing of the Eustachian tube, for which no means formerly existed but the application of medicines to the bowels, or the dangerous use of a catheter, was effected by Dr. Turnbull by the same simple means. For producing exhaustion, however, either in this or the above case, he does not now use a syringe, but a very elegant application of the air-pump, suggested to him by Sir John Robison, of Edinburgh. This he calls a Pneumatic Extractor. A common air-pump operates in exhausting a tall bell-shaped receiver, in the interior of which is a mercurial gauge, to indicate the degree of exhaustion. From the plate of the pump pro-

ceeds a flexible air-tight pipe, having a stop-cock near its junction. On the further end of this pipe, the experimenter can fit on either an oval glass cup made to contain the outer ear, and fit close to the head by means of a little soft wax or putty—or a slightly-bent tube of the same material, 3-8ths of an inch in diameter, with its mouth a little evasated, or turned outwards. On this tube being introduced into the mouth of the patient, and applied to the orifice of the Eustachian passage, communication is opened between the previously rarefied air in the receiver and the orifice, from which a discharge of mucous is soon made into the tube, which is then withdrawn. The rarefaction which affects this best, is equal to from 5 to 8 inches of the mercurial column. It may be remarked, that engorgement of the Eustachian tube and the inner cavities of the ear, are conditions which prove a frequent cause of deafness. The air, it must be observed, is the proper conductor of sound; and there must be a free passage between the inner ear and the outer air, in order to allow of the tympanum performing the vibrations which give hearing. All that tends, as engorgement does, to impede the free vibrations of the tympanum, must of course produce deafness. We thus clearly see of what importance must be every means by which engorgement can be readily reduced."

Here we close our abbreviated extracts. We believe that our readers will think with us, that statements such as these should not be kept hidden from the profession. Scientific pretensions, so extraordinary supported by evidence, so indisputably respectable, calls for a fair trial. The journalist who introducing "Crowners' quest law" into science, and filling both the duties of Court and Jury, stifles investigation by a premature verdict of dogmatism, neither pays a high compliment to the profession, nor does much service to the cause of truth.

TO CORRESPONDENTS.

"A Looker-on" *will be acceptable on the higher subjects he seems more worthy of. This week we must decline.*

Dr. Ward *will hear from us.*

Dr. Colt *has been written to.*

Dr. B., Mr. L. H., Scalpel, Medicus, A Constant Reader, M.D., Dr. N., *declined. Scalpel cuts with a passionate vigour, which smacks of personal enmity. Before seeing his communication, we never expected to oblige an Hon. Member so greatly as the enforced suppression in this case implies.*

Mr. Scoffern's Lecture, and the Students' Note-Book, next week.

"A Poor Husband" *must apply to the City of London Truss Society, in the Poultry, or to its Surgeon, Mr. Taunton, Hatton Garden. If he find any difficulty, "a husband" is requested to apply at our office at any hour about mid-day*

THE MEDICAL TIMES.

SATURDAY, JANUARY 15, 1841.

"They (empirics) apply such medicines as be very noxious and nothing meet, to the high displeasure of God, great infamy to the faculty, and the grievous hurt, damage, and destruction of many of the king's liege people, most especially of those who cannot discern the uncunning from the cunning."—3 Hen. VIII.

IT is no new discovery that the nicer the difference that divides two contending parties, the more bitter usually is the acrimony that animates them. Like near parallel lines, there is yet between them an infinity of separation. The Methodist hates the Calvinist far more deeply than the Mahomedan or Pagan; while in turn, the Persian and Turkish followers of the War-Prophet reciprocally hate each other with a virulence which redeems in either's eyes, for the moment, the hated Giaour, and still more detested Jew.

It strikes us that this amusing propensity of erring man has been of late somewhat exemplified in the contest between the General Practitioner and the Druggist. The Profession, if we may judge from the proceedings of some of our Reform societies and journals, have shown a disposition to concentrate *all* that wrath, which it very justly feels against illegal practice, on the heads of the Pharmaceutists. Now, while reprobating Druggists' practice in the strongest language we can command—and the strongest ill conveys the strength of our *feelings'* opposition—we should be indifferently content with ourselves, if we allowed the bitterness of roused party rivalry to divert our brethren's attention from what, in its kind at least, and its injury to society, we consider a far greater injury—we mean Quackery in general. Despite Pope's trite maxim on the dangers of a little knowledge, that would still appear to us a strange construction of the rules of reasoning, which would make the *à fortiori* argument tell *against* the Druggists.

It is difficult to conceive that an enlightened country, really governed, could present such a state of things in reference to empiricism as that exhibited by England at the present moment. A stranger contemplating our jurisprudence and practice, would be obliged to think, that as some Indian devotees looked upon the loss of their heads by the Mogul's orders as the blessing of God, we had some such notion on the benefits of Quackery. Nothing in this favoured land is so favoured. It is a state Eldorado real and substantial, whither all ignorant spirits, inflated by ambition, are invited to emigrate. The interests, the rights, the lives of patients—the aborigines of the country—are never for a moment thought of. They are made over as the adscriptæ glebæ, to be held by any Quack that pleases on the sole tenure of impudent pretensions. It has been the sage policy of our laws to encourage this valuable body of class emigrants. Not satisfied with sanctioning the public opinion, which strangely elevates them to the rank of gentlemen, it puts all kinds of difficulties in the way of charging home to them their occasional homicides; lends the imposing prestige of the Government stamp to distinguish their select medicines from the common drugs of ordinary Practitioners, and favours them with privileges and immunities enjoyed by no other class of society. A Physician regularly educated, possessing a diploma from a distinguished University, distinguished himself as a pre-eminent professor of the art he seeks to practise, disdains to be examined by men as much his inferiors in attainments as they are notoriously his juniors in practice, and visits a London patient without their licence. He is summoned before a legal tribunal, fined, and his practice in the metropolis, with the prospects of a whole life, are at once annihilated. An ignorant clown, who has scarcely an idea beyond the lapstone or tailor's board to which his too humble parents had condemned him, grows idle or ambitious, and qualifying himself by the purchase of a black coat and a white neckerchief, turns London doctor. He drives a thriving trade in common with the undertaker, and gets rich unsummoned, unmolested, untouched. If an artisan undertake the repair of a piece of furniture, and by his ignorance spoil it, the law compels the bungler to reimburse the losing owner. If the fortunate empiric irremediably derange the human frame he has been paid to set in order, he keeps the fee, and giving a fraction of it to the Government, gets the countenance of its patent stamp to attract him a fresh victim. A citizen assaults another and does him permanent injury; he is tried and transported. The Quack leaves his swindled dupe bedridden for life, and is undisturbed. If a highwayman rob and murder the wayfarer, he is convicted and hung. The Quack does daily the same thing, and rides unharmed in his chariot. A foreign nation murders an English subject; though the murder be disguised under judicial form, we spend millions of money and lives to be avenged the injury. The empiric, under the guise of medical attendance, murders his dozens, and the same law so rigorous to the foreign destroyer, extends impunity to the home trader in homicides.

There must surely be some deep occult state reason at the bottom of all these singular anomalies. The geese saved Rome and received indemnity for all future cackling. Horatius killed the Curiatii, and was indulged with the unchallenged murder of his sister. What is the feat of greatness which has won empiricism such special protection? It pays £31,000 annually to Government!

Among the many letters which we have received from correspondents on this subject, one from Dorchester deserves especial attention, as furnishing us with a living well-authenticated specimen of a woman quack. Mrs. Jordan is a doctress, enjoying, with an enviable extent of practice, the reputation "all the country round," of being little less than a sorceress. Indeed, the universality of her promised cures considered, there is this to be said in favour of the popular notion, Mrs. Jordan must be either sorceress or — but we had almost forgotten our gallantry in our desire to brand falsehood.

In a circular before us, the good lady describes herself, as "Mrs. Jordan, herbalist, widow of the late Dr. Jordan." and "begs to inform the public, that after the utmost research in Botany, her efforts have been crowned with that success for which thousands have laboured in vain, and by a single trial of her medicines their

superiority will be proved!" Passing by the unkindness of this cure-all lady's allowing her husband to die, we may be allowed to remark that her discoveries have been as fortunate in their nature as they are miraculous in their effects; for though her pharmacopœia extends but to sixteen remedies — they happen to be exactly all that were wanted to cure radically every ill that flesh is heir to. If Mrs. Jordan lose a patient, it is not because she has not a sure remedy for him. She is armed at all points; ready for any body's malady who has money to back it with. For the vermiculous, she has her "newly invented worm-destroying cakes," cakes "that never cause any sickness, and it is a certain fact that no worm will remain in the body of a man, woman, or child, after taking them." She has her *Egyptian* (!) Eye-ointment, "a *certain* remedy" for all ocular maladies, curing alike myopia and presbyopia. "Her *real* French tooth-powder," not only cleans teeth, but is "a *certain* remedy for *all* disorders of the mouth, teeth, and gums." She has "a herb lotion" for deafness, and "cough drops" for colds. "A golden herb snuff" cures "agues, headaches, and *apoplexies*," and "an improved Spanish oil" bids the cripple walk. Then she has a grand ointment for every cutaneous affection but itch, and that single want is happily supplied by an ointment in especial; she has "gravel pills" and "asthma pills;" an infallible cure for corns, and a specific for chilblains; and finally, she has the Guttæ Hœmacatharticæ to cure all maladies, from king's evil to consumption, which the aforesaid specifics leave unremedied. Surmounting this innocent, this inviting bill of fare of our medical Circe, we have the Queen's arms in full as we have the government stamp on the poisonous viands themselves. Now, is it saying too much to affirm, that a woman, prowling about the country with the activity of this female vampire, practising probably on five or six thousand patients in the year, cannot escape without fixing permanent ailments on a large per centage of the number, and sending another large per centage to premature graves? One recent result of her practice we are enabled to publish. A girl recently died in the Dorset County Hospital, whose death the medical attendants unanimously attribute to the previous tamperings of this mercenary she-destroyer. How long is this system to go on?

MR. DUNCAN'S LECTURE ON ANIMAL MAGNETISM.

(Communicated.)

ANY attempt to explain or render intelligible the psychœlogical phenomena which animal magnetism undoubtedly manifests, deserves the serious attention of every man who pretends to a knowledge of science, or entertains a desire to ameliorate the morbid affections of his fellow-men; and fully convinced of the advantages which this new modus operandi offers in cases in which the most powerful medicines have failed, even when prescribed under the direction of the most eminent physicians, we visited Mr. Duncan's lecture-room on Thursday, with a view to see and judge for ourselves. The room was tolerably full, and the lecturer was listened to with the greatest attention. The phenomena which we witnessed were certainly akin to those exhibited by M. Lafontaine and Dr. Elliotson. The patient was a young girl, apparently between thirteen and fourteen years of age, dark-haired, with large expressive eyes, of thin spare habit, and we should say, melancholy temperament. The (so called) mesmeric state was produced by the girl being told to hold up her finger and fix her eye steadily on it. In a few moments she was, as it were, entranced. Some degree of catalepsy was then induced, but to an extent far short of what we have previously seen. She was then made to follow the lecturer when he called her, and her eyelids were declared to be, by a gentleman who examined them, shut so closely, that he could not open them even by force. We examined the pulse before she went to sleep and counted 50, another medical man made it 100—a convincing proof of the pulse being, *at all times*, a very unsafe guide to the condition of the body when taken alone. After she had been awakened from her trance, we counted the pulse again, and made it 98; another gentleman, 120. We cannot deny that certain phenomena were induced, but we should be wanting in candour, were we to say that we consider them conclusive. We think them, indeed, very unsatisfactory; but, at the same time, disclaim all intention of insinuating, or intending to insinuate, that any collusion exists between the patient and the lecturer. All we wish to convey to our readers is this, that the mere circumstance of putting a child to sleep by *monotonising* the mind is not new. Boys at school are in the habit of putting each other to sleep by much the same process, as a surgeon remarked to us in the room, but we did not hear that either congestion of the brain or heart followed. Not so, however, with Mr. Braid's theory of mesmeric phenomena. Seriously speaking, we do not think it merits confutation; if, otherwise, Mr. Braid must attach a far different meaning to "congestion" than the profession generally. As Mr. B.'s theory is given in the last number of our paper, we shall say no more about it, but proceed to notice what we consider the difference between mesmerism so called, and what we shall term, for want of a better word, *monotonism*. In the mesmeric state, it is claimed that the patient not only does not see, but cannot hear; in the *monotonismic*, though he cannot see, he hears, as was exemplified in the interesting little girl who was the subject of the experiment of Thursday. Under the influence of mesmerism, the patient may be roughly handled; be pricked with pins; noises may be made in his ears; he can be subjected to the electro-magnet, and the voltaic pile; the most pungent odours may be applied to his nose; snuff may be thrust into his nostrils; burning matches may be put to his finger; yet he neither wakes, feels, starts, shrieks, averts his head, nor indicates the slightest sense of suffering. Now none of these tests of absence of sensation, we might almost say of *being*, were made; and we would have been very sorry to see any attempt to make them on the little girl. We write, of course, of only what we saw. The report of others, and of Mr. Duncan among the rest, goes to prove that many of the tests we have enumerated have been applied to *monotonismic* patients without their indicating the slightest sensation. We have no right to doubt their statements, and, therefore, give them the full benefit of the testimony, but, until we have fully, in our own person, seen and tested the *monotonised*, as we have the *mesmerised*, we shall continue to think, that the former is but an inhanced condition of reverie, which has been called a "brown study," and differs as much from mesmerism as coma from sleep, or somnambulism from pedestrianism. It is not, however, because we have thus expressed our opinion that we would discountenance an examination into the theory of Mr. Braid; on the contrary, we are of opinion that it merits every inquiry, but that that inquiry should be conducted in an impartial manner. We are not to be led away by the weight of great names. Sir Humphrey Davy wrote a pamphlet to prove that London, or any other great city, could *not* be lighted with gas; and Dr. Lardner, with an alphabet of scientific honours after his name, proved to demonstration (and to the tune of several thousand pounds out of the pocket of John Bull) that steam-vessels could *not* cross the Atlantic; while *all* the Royal Society, without one dissentient voice, we believe, were so persuaded of an imaginary difficulty that existed to the running of smooth wheels on rail-roads, that Mr. Blenkinsop took out a patent for a cogged machine to overcome the ideal difficulty. Consequently, it is the duty of every sensible man to collect and collate facts, not to encourage speculation, or propound theories. If Mr. Braid's opinion be true, it will ultimately prevail; if false, no sophistry or honoured name can uphold it, and we know of no better way to arrive at the truth than by giving it a just, fair, critical, and impartial examination. And if, after the *experimentum crucis*, Mr. Braid shall be proved to be right, we shall be the first to acknowledge our error.

E. B., M.D.

ANIMAL MAGNETISM.

To the Editor of the 'Medical Times.'

SIR,—The theory of Animal Magnetism, as produced on the plan so recently discovered by Mr. Braid, is yet evidently as unsatisfactory as that heretofore suggested by Mesmer and his successors up to the present date.

I last Friday purposed magnetising a youth aged nineteen, born deaf and dumb, on Mr. Braid's plan, by means of a cork. This was secured on his forehead, and he was given to understand the absolute necessity of maintaining a steady gaze on the cork, without any motion of the eyes or eyelids. He made three successive attempts, each averaging about twenty minutes; which failing to produce any effects beyond mere fatigue of the eyes, I brought forward my servant, with a view of practically showing the method to this youth. About one minute after the cork was secured on her forehead, she was in a state of magnetic sleep, accompanied with catalepsy, having winked four times in the space of that one minute, as well as having moved the entire eye-ball frequently, actually winking and rolling the entire eye simultaneously with its closure on the accession of the magnetic state. I immediately restored her, removed the cork, and again placed her in a state of magnetism, (her eyes being in motion and winking,) by about ten mesmeric manipulations.

The deaf and dumb youth again made the attempt, but could neither maintain a steady gaze nor refrain from winking; nevertheless, in twenty minutes, he was effected with the eyes open, winking once every two or three seconds for a further space of fifteen minutes, when they closed.

The ensuing night, after winking, moving the eyes, and staring, either at the cork or vacantly in the room, he fell into the magnetic state after an interval of ten minutes, his eyes remaining open and continuing the same movements for the succeeding twenty minutes, when they closed as in the preceding night. After a lapse of ten minutes from first placing a cork on his forehead, I raised and extended one arm; this remained in that position half an hour, when it slowly fell to his side. I

raised the same arm again, which remained extended forty minutes, when I restored him.

Thus, then, the monotony of a steady gaze is not even necessary to produce rapid effects, as is exemplified in the case of my servant. Two successive cases being sufficient to confute the supposed truth of any theory, these circumstances prove that the phenomena of Mr. Braid are not yet satisfactorily accounted for.

It has been stated to me, that a gentleman in this town has, for a number of years past, been in the habit of inducing a state to him as refreshing as his usual sleep, by steadily fixing both eyes in one direction for a few minutes, when he immediately falls asleep. Until he adopted that method, he scarcely slept at all. Whereas, since he has followed his own method, he can produce a state of sleep, in a few minutes, at any time.

I have much pleasure in adding, that the deaf youth, after being magnetised only twice, after Mr. Braid's plan, was enabled to hear the ticking of a watch at a distance of six inches from his ear, when previously he could but just discern a vibrating noise on the report of a gun. The said youth could not be mesmerised by long-continued manipulations; therefore, but for the ingenious discovery of Mr. Braid, he would not have been enabled to have his hearing the least improved, being apparently unsusceptible to mesmeric manipulations.

My servant has remained one hour and a half in the magnetic state, produced on Mr. Braid's plan, with the arms extended. Apparently the same effects are induced, whether she be magnetised on Mr. Braid's plan, or by manipulations.—I remain, Sir, your's most obediently,

J. L. BARRALLIER.

Milford, South Wales, January 9th, 1842.

To the Editor of the 'Medical Times.'

SIR,—You would oblige me by giving the accompanying remarks (being observations addressed to the Westminster Medical Society) a place in your next publication.—Your's much obliged,

JAMES B. THOMPSON, M.D., Surgeon.

33, Upper Gower-street, University College.

Non-union of fractured Bones from Syphilitic Taint in the Constitution—Utility of Quinine in combination with Alterative Medicines.

John Meiklam, ætat. 47, a soldier, a married man, of a robust apparently good general constitution, met with an accident, by which his thigh bone was fractured at the lower third—a transverse fracture. After the consequent inflammation was got down by the usual treatment, the limb was put up in the ordinary manner, and the bones in perfect apposition, and all seemed going on well; however, at the end of the third week the bandages were opened, and on examining the limb in and about the fractured part, I was struck with the presence of a crepitus, and the non-existence of callus; and I was rather surprised at the circumstance, as the case seemed, in all other respects, to have been going on as well as could be expected. On consideration of the case, I was under the impression that there must have been something wrong, and I was suspicious that this patient may have contracted venereal at some former period, or was more probably tainted by its constitutional effects, or that of the injudicious administration of some mercurial preparations. On making inquiries as to his former history and mode of life, I was enabled, after some considerable difficulty, to learn from him that about seven years ago, when a bachelor, he had venereal, and was treated for it by a dispensary surgeon; and, from what I could ascertain, took pills night and morning to a very considerable extent. Taking this into account with the usual arduous and trying duties of a soldier's life, I was then, and from what I have seen since, confirmed in the opinion, that the non-union of the fractured femur, in this man's case, resulted from the venereal or mercurial taint in his constitution. I bandaged the limb anew, and put the man on the following treatment, namely, a combination of quinine with alteratives, and continued this treatment for about a fortnight, or eighteen days, when I had the curiosity to look at the limb, and was pleased to find callus was being thrown out, and that union was beginning to take place. I continued the treatment for some ten days longer, allowed the man porter and his usual diet, and all went on well. I discontinued my further attendance after the sixth week; and have since frequently seen the man, the limb quite restored and going about his ordinary duties.

OBS.—The foregoing case is, in my opinion, a pretty good proof of the length of time during which the venereal or mercurial taint may remain, as it were, in a quiescent state in the system, without exhibiting any of its deleterious influences on the constitution of the patient; and I may be permitted to add the following instance, as it were, as another proof of this peculiarity in this disease:—

A young woman contracted the disease of syphilis at the age of 22. She was treated for it, and to all appearances was perfectly cured: in 18 months after, she got married, and, in due course, gave birth to a male child, who exhibited all the symptoms of venereal, as are usually met with in such cases. The child was treated for this disease with the hydrargyrum c. creta powders, and got well after some time. This young woman gave birth to another child in due time, who did not exhibit any the least indications of the disease, and was a remarkably healthy child. But what appears strange in this case is the following, and which, I think, will go to prove my first argument—that this woman, in two years afterwards, gave birth to a third child, who was actually much more diseased, to all appearance, than the first child; and though this child was, by the greatest care and attention, got over the first effects of the disease, still, in after years, it was not what you could call a healthy child, and was, particularly every spring, subject to a pustular affection on the skin, particularly about the genital organs, and all the lymphatic glands seemed rather enlarged and indurated.

I do not feel disposed to offer an opinion on this rather anomalous affection; but it clearly would lead one to infer, that it is probable these diseases, similar to venereal, may lurk, as it were, in the system, for a very long period. It would also lead one to the supposition, that a tainted parent may communicate to its offspring not exactly the actual disease from which that parent may have at some considerably earlier period suffered, but, as it were, another disease, modified in a very remarkable degree from the original contagious affection. This would appear to be the case in the instance of the third child, who had not exactly the venereal affection in its true characteristic and usual form, but seeming a complicated and modified affection, most affecting the particular glands which are invariably liable to the syphilitic virus. As to the case of ununited fractures, I am happy to be permitted to state, that Mr. W. Lawrence, to whom I made mention of the subject, said, that he did not at the moment bring to his recollection a case such as mine, but that his impression was, that venereal would have the effect as stated above.

If we were to judge from analogy, which is, I imagine, a pretty safe way to arrive at conclusions, it does not appear to me that there is any thing very remarkable or strange, after all, in these foregoing statements, as some gentlemen would seem to suppose. For instance, how many vegetable and mineral medicinal agents will, when given internally, remain for a very uncertain and protracted period in the patient's system, without producing any obvious effect; and all at once—when the patient and medical attendant are not prepared for the circumstance, or perhaps forget the occasion of having taken or administered these medicines—act as it were with a powerful and poisonous effect, and often bring the patient to the brink of the grave?—Tobacco, digitalis, colchicum, muriated tincture of iron, and several other active powerful agents, such as cicuta, conium, and belladonna, elaterium, &c. &c. I may here remark, with regard more particularly to the tincture of steel, as it may be well to caution young practitioners, when giving it, to acquaint their patients of its peculiar tendency to discolour the discharges from the bowels, and give them a blackish colour. It also affects the brain, in patients who are advanced in life, and produces an affection similar to what French physicians would call "a garre;" it is a peculiar dizziness, such as often attends obstinate cases of indigestion.

As it may not be amiss to offer a few remarks on the general administration of mercury, I will just here state the great caution necessary to be observed by medical men, when called in, for the first time, to persons with whose previous history or constitution they are not acquainted. This is particularly necessary in cases where the administration of mercury in any shape may be deemed advisable. For the indiscriminate and injudicious use of this medicine, and its after-effects on the constitution, become no doubt the fruitful source of various anomalous affections—cutaneous, as well as seriously affecting the more vital organs, and all the chylopoietic viscera in general.

One of the most remarkable facts connected with the exhibition of mercury is, that some constitutions will be affected by a single dose, and produce decisive but mild ptyalism. I have seen a young lady salivated by two grains of calomel, in combination with two and a half of James's powder. In other cases eight or ten grains may be given for a week without any similar effect. Persons who have spent any time in warm climates, invariably require a larger and more frequent use of this medicine. I knew one lady, an officer's wife, who would take a scruple of calomel every day, for three or four days, before it produced the desired effect. If, to the local action of this powerful remedy, we add the prostration of strength which accompanies, and the biliary derangement which commonly follows, its administration, we can have no great difficulty in accounting for the mischief which it occasions, if incautiously given, and not closely watched, in its after-effects.

REVIEWS.

Elements of Materia Medica and Pharmacy. By Dr. O'Bryen Bellingham, Lecturer on Materia Medica at the Richmond Hospital School of Medicine, &c. Edited by Arthur Mitchell, M.D. Part I.

THE elements of any branch of science necessarily embraces a variety of subjects, which from the circumstance of their being elementary are as necessarily treated on in a manner adapted to the comprehension of those beginning their study. Now, however inseparable from the nature of such works it may be to be simple and initiatory. these very characteristics cause them to be difficult of review; the knowledge they impart is already familiar to the old and experienced practitioner, therefore it becomes a work of supererogation to enter into details well known to *him;* while, on the other hand

nothing less than citing the entire book would be of adequate advantage to the student. We are thus compelled rather to give a character of the present work than a review of it, and it affords us much pleasure to bestow our meed of praise on the present occasion. The lecturer has fulfilled the first duty of a teacher in making the various subjects on which he treats clear and intelligible; he has taken great and laudable pains in being correct in his facts; he has culled with much judgment the most prominent characters and qualities of the substances employed in medicine, and pointed out how they may be most successfully administered in disease; and withal, has detailed pharmaceutically the most approved modes by which they may be prepared and preserved.

The work opens with an introductory exposition of the elementary substances contained in organic bodies, dividing them into the non-metallic and metallic elements; the author next combines them, by which we arrive at the metallic oxides, the acids, the alkalies, and the salts; he afterwards takes up the subject of the proximate principles of vegetables, and the different substances resulting from their various combinations. In chapter vii., we find the general nature of pharmaceutical operations explained; and after entering into a concise description of the preparations contained in the pharmacopœias, the author concludes with an account of their modus operandi, the circumstances which modify their action, and the best modes of combining and administering them. Now, though in all this there may be nothing claiming for Dr. Bellingham's work a high character for novelty, we should ill discharge our duty, both to him and our student readers, did we not earnestly recommend it to the attentive perusal of the latter. The work, as we have already said, is perspicuous in its arrangement and sound in matter, for which we are in part assuredly much indebted to the judicious supervision of the editor, Dr. Mitchell.

ON SYPHILIS.

By DR. WEATHERHEAD.

Evidence of a new form of Disease affecting the Genitals which appeared toward the close of the 15th Century—Opinions of the old Physicians respecting the Causes of the Venereal—The early Notices of the contagious Nature of the new Disease.

Had the disease, since known by the name of the Venereal, been a familiar one, possessing no features different from those already recognised as characterizing affections of the genital organs, and yielding to an already ascertained treatment, we naturally should expect that the authors who might notice it would never have thought of designating it as new and unknown; neither would they have expressed terror at encountering it, nor confessed their entire ignorance as to the mode of its cure. Such, however, we find to be the fact from the universal testimony of the writers of the age.

The appearance, indeed, of this new form of disease was an event so important, that mention of it was made not only by physicians, but the historians living at the period also record the circumstance. The writer will begin with the latter, citing as his first authority Gonçalo Fernandez de Oviedo.

Great unmerited discredit has been attempted to be thrown on the testimony of this historian, and that by many who evidently have never consulted his writings. Oviedo published two works on the newly-discovered world: one at Toledo in 1526, entitled 'Sumario de la Natural Hystoria de las Indias,' a copy of which, in black letter, is in the library of the British Museum. This Oviedo afterwards enlarged while residing in the city of St. Domingo, in Hispaniola, as 'Alcayde de la Fortaleza, y Cronista de la Sacra Cesarea.' The first was confined, as its title imports, to a description of new objects of natural history; and, among others, o that of the 'Palo Santo,' which, he tells us, the Indians called 'Huayacan,' the present guaiacum. The larger work embraces the general history of the new countries, and records what he had seen and learned during the two-and-twenty years he had resided in these parts: it is in the fourteenth chapter of the second book of his 'Hystoria General' where he treats of the venereal. Here Oviedo distinctly states that it was a new disease; and that, on account of its being so, physicians neither understood its nature, nor knew how to cure it.

Another historian of the period, Lopez de Gomara, expresses himself to the same effect, saying "that because it was a new disease no one knew what to do."

Paul Jovius, in the 'History of his own Times,' speaks of it as "a distemper unheard of in former ages;" and Guicciardini, in his 'History of Italy,' says, that it was either "a new disease, or unknown, at least at this day in our hemisphere."

A multitude of physicians, and others, who lived at the time it first appeared, bear similar testimony. Among these I may particularize Alexander Benedictus, who wrote on this disease in 1495, the year after its first-recorded outbreak in Italy; next, Joseph Grunbeck, the year following, certifies the same circumstance. It is mentioned as a new disease by Johannes Widman in 1497, in his 'Epistle to John Nell,' a fact which Bartholomew Steber (1497) repeats; and in the celebrated 'Arreste du Parliament de Paris,' issued in 1496, we find it similarly designated, as well as by Sabastian Brant (1496), Coradino Gilini (1497), Peter Pinctor (1497), Antonio Benevene (1502), Coccius Sabellicus (1502), Cataneus (1505), Cardinal Bembo, Leo Africanus, Joannes de Vigo, Pietro Mainardi, De Hutten, Fracastorius, Nicolas Massa, and others.

With evidence so abundant, and of such a kind, —for we are to remember that all the writers just cited lived at the time, and were eye-witnesses of its first appearance,—can we reasonably doubt that, whatever other diseases of the genital organs may have existed before, the one then spoken of possessed an aspect very different from any that had heretofore been observed?

Let us next proceed to the same source of evidence, and hear the opinions of the early writers as to the cause of this new distemper.

Two things concerning this disease strike attention on careful perusal of the early writers: first, that the primary sores very generally escaped observation; and, secondly, that the constitutional symptoms consequent on the absorption of the virus supervened much more speedily than they do in the present day. Indeed, the latter circumstance was apt to cause the former to be overlooked; and thence may be deduced a fair excuse for so many of the authors, to whom the observation applies, having ascribed the cause of the distemper to other sources than sexual intercourse. The pious thought they saw in the infliction the hand of an offended Deity, and regarding the disease as a punishment for the incredible profligacy of the age, styled it an "ultio divina," and "flagellum Dei."

That Torella, who was physician to Pope Alexander VI., should have entertained this opinion is the less surprising. As witness of the abominable life led by his master, we are inclined to pardon his want of penetration in overlooking the real source of the contagion from that moral rectitude which prompted him to impute its origin to the retributive justice of the Deity.

But while some of the early writers attributed the disease to God's anger, and some to conjunction of the planets, there were others, on the contrary, of more matter-of-fact views, who were disposed to ascribe its origin to another kind of conjunction of not so celestial a nature, for there are authors of the earliest date who distinctly notice the primary sores or chancres, and trace them to their real origin—contagion from inpure intercourse.

Two of the very earliest and best writers on syphilis, Marcellus Cumanus and Alexander Benedictus, both mention the primary symptoms of the disease; which, the latter observes, were communicated by concubitus and contact: both published their observations only one year after the distemper was first recognised in Italy as a new disease; and, what may surprise those not much conversant with the works of ancient authors, Benedictus mentions 'salivation by mercury' as a means of cure.

Both Benedictus and Marcellus served in the Venetian army, the former having previously held a chair in the university of Padua, while the latter was at the battle of Fornova when the allies attempted to cut off the retreat of Charles VIII. returning from the conquest of Naples in 1495. Marcellus gives us an account of the symptoms as they first appeared among the troops to which he was attached, and which, for accuracy and fidelity, as applicable to the disease even at the present day, cannot well be surpassed. He describes the disease as consisting of "pustules affecting the face and body; but beginning with a vesicle resembling a millet seed, either under the prepuce or on its exterior, or on the glans, attended with itching." "Sometimes," he says, "it commences as a single pustule in the form of a small vesicle, without pain, but with itching; which if rubbed, ulcerates, forming a spreading or phagedænic sore. This was followed *in a few days* by pains in the arms, legs, and feet, *and large pustules.*" Marcellus likewise mentions carbones and buboes in the groin, *caused* by the pustules on the penis; as well as carics pudendorum, or caroli (chancres) on the inner surface of the prepuce, giving rise to phimosis. Gruner, in his 'Aphrodisiacus,' might well exclaim of Marcellus after this—"fidus phænomenorum narrator, ideoque testis fide dignissimus!" And the same may be averred of Benedictus.

Although several of the early writers were aware of the disease first attacking the genitals, many, nevertheless, believed that the distemper was occasioned by planetary influence. At this period astrology was much in fashion among the learned —a science, if I may so abuse the word, borrowed from the Arabians. Hence it was that sidereal influences, deduced from conjunctions, obliquities, oppositions, eccentric epicicles, and malevolent aspects of the planetary system, were resorted to, to account for all natural phenomena, as far as regards life as a principle, or its accidents as involving its future welfare.

However incredible it may appear in the present day, we yet find that not simply men, having ample opportunities of accurate observation, believed in the astrological origin of the venereal, but even some of the very writers who had suffered under the disease itself.

Joseph Grunbeck, who describes his own case in a work written with much purity of Latinity for the age, attributes its cause to "a conjunction of the planets"—the coitus of Saturn and Jupiter in Scorpio—without appearing to suspect another sort of "coitus" as its more probable cause. Grunbeck thus relates his case:—"Me ex improviso inter ambulandum Augustensi in agro adorta est, et primam venenosam sagittam in *glandem priapi* defixit, quæ ex vulnere tumefacta, utrisque manibus vix comprehendi potuisset." Though he tried to conceal from his friends the circumstance of his being infected, they found it out, he tells us, "from the change in his complexion;" and no sooner was it known (and the fact shows in what terror the disease was held) than "his dearest friends fled his presence as they would an enemy with a drawn sword."

Although aware that the disease especially affected the genitals, this did not change their belief, because the sign Scorpio was thought to govern these organs.

Widman, in his 'Epistle to John Nell,' dated Jan. 20, 1497, is doubtful whether the disease arose from the "iniquitous rays of Saturn," or the divine will as a punishment. Gilini, his contemporary, as we have seen, adopts the latter opinion, —"Quam causam ad Deum summam referunt."

The venereal was early known to be a contagious disease, and many believed it to be infectious as, well; hence, we find a notion prevailing that it could be caught by merely breathing the same air with the infected person; indeed, it was by contaminating the atmosphere that the astrological

physicians believed sidereal influences to operate. From the persuasion that the disease was infectious through the air, arose the inhuman practice of excluding the diseased from society. We have just read in Grunbeck how he was shunned by his most intimate friends; the lower orders were driven into the woods and fields, and left to perish without solace or assistance. It formed one of the charges against Cardinal Wolsey, that, when labouring under the venereal, he had breathed upon the king in whispering to him.

From the same belief it likewise came that no obloquy was attached to the having the disease; and hence, being looked upon in the light of any other infectious distemper prevailing as an epidemic, the medical practitioners of the time did not scruple publishing the cases of princes, abbots, bishops, cardinals, and even of popes, who had had the disease. Some men, as before observed, even published their own cases: as Grunbeck, who was an ecclesiastic; and Ulric de Hutten, a knight, and one of the most zealous champions of the Reformation: hence, also, it is that we find most of the early treatises on the venereal dedicated either to princes or to dignitaries of the Church.

Whether the disease really were more contagious in former times than at present is a question difficult to determine, encompassed as it is by the groundless terrors, superstitions, and credulity of the age: it is certain, however, that more means of propagation by contact were accredited favouring this supposition, than we find borne out by modern experience: thus, sleeping in the same bed in which an infected person had lain, touching the clothes, or the hand even of the patient, or drinking out of the same cup, were all accounted sufficient to communicate the disease. In allusion to this belief it is that Shakspere makes Lucio, in 'Measure for Measure,' say—"I will, out of thine own confession, learn to begin thy health; but, whilst I live, forget *to drink after thee*."—*Act* 1, *scene* 2.

Another of the credulous opinions of the times was, that when the venereal infection was transmitted to another, it freed the infector of the disease; and it is to this persuasion that Shakspere again alludes when he makes Timon say to Phrynia—

> "I will not kiss thee; then the rot returns
> To thine own lips again."

But as this was an opinion of which mankind were so readily and easily to be disabused, we next find credulity altering its creed to one of a more heinous character, and asserting that, to make the experiment successful, it was necessary that the person to whom the infection was to be transferred should never before have had sexual intercourse. This persuasion gave rise to the most flagitious practices, and men purposely sought out the most innocent of victims upon whom they could perpetrate an enormity for their own cure. Indeed, this atrocious belief is not yet extinct; for, very recently, the author was called to see a little boy, whom he found labouring under virulent gonorrhœa; and, by what was elicited from the patient, and by examination of the woman herself, it was evident that his nurse had infected him.

In a preceding chapter the author has treated of the affections of the genital organs that existed from the most remote record of the history of medicine, down to a period approaching the close of the fifteenth century: but beyond simply noticing the fact, we find among the ancient writers no mention of such diseases, with the exception of what was called leprosy, having prevailed to any extent among the Greeks, Romans, or Arabians; or of their having been carried to the colonies they settled, or the kingdoms they conquered, or of their further propagation from the latter to other more distant countries.

On turning, however, to the writers who almost immediately succeeded the period last mentioned, that is, about the time that Columbus returned from his first voyage of discovery, we have an account given by both the historians and physicians of the age of a disease which affected the genitals and was caught by coition, of a very different character.

Alexander Benedictus has been already cited stating the fact in 1495, that the disease was contracted in this way. His contemporary Widman does not content himself with saying that the distemper is contagious, but especially cautions against having connection, not merely with one actually having the disease, but with any woman, even though sound herself, if she have had intercourse a short time before with an infected man.

Sebastian Aquilianus, who published on the venereal the year following, gives similar advice; and observations on the contagious nature of this distemper of a like kind are to be found in most of the authors who succeeded. Baptist Fulgoso in particular plainly states that the disease was contracted by coition alone, and that the genital organs manifested its first symptoms. And here it may passingly be permitted to draw the reader's attention to the greater accuracy of observation evinced by one whose mind was not prejudiced and obscured by astrological theories when compared with many physicians of the day, though otherwise able and learned men.

EXTRACTS FROM FOREIGN JOURNALS.

For the 'Medical Times.'

FRENCH.

New means of recognising arsenical Stains.—M. Chevallier says, that having heard of a new means whereby to distinguish arsenical stains from those formed by antimony, he determined to establish experiments as to its accuracy. This distinctive character, discovered by Professor Bischoff, is founded on the property possessed by chloride of soda of dissolving the arsenic, while on the contrary it exercises no action over the antimony. In the experiments performed by himself and M. Labarraque, M. Chevallier found that the arsenical stains were entirely removed by the addition of chloride of soda, while the antimonial stains remained perfectly unchanged in colour.

Injection of Nitrate of Silver in Ascites.—M. Daniel related to the Academy of Medicine, that in June, 1836, he was consulted by a woman, who had for four years laboured under ascites. After making a puncture, he applied the actual cantery over several points of the abdominal parietes, but the effusion again took place. He then evacuated the fluid a second time, and afterwards injected the abdominal cavity with a solution of nitrate of silver; the disease was not again formed.

The relation of this case excited general marks of astonishment and disapprobation.

M. Villermé said, that it seemed strange that an injection of so irritating a liquid as a solution of nitrate of silver, should be employed as a curative means in this disease. He should, for his own part, regard any one who might be condemned, even in a state of health, to undergo such an operation as a lost man.

Natural Cure of Tubercular Consumption. By M. Payan.—Josephine M——, age 26, was admitted into the Hotel-Dieu, of Aix, in January, 1837. Three years previously, she had been an inmate of the same hospital, under symptoms of confirmed pulmonary consumption, having a deep hollow cough, abundant expectoration of pus, with broken down tubercular matter, hectic fever, &c. After three months in hospital, she was sent home to die; but the history of her case showed a different result. The cough, expectoration, and fever continued for some time, but gradually diminished; she now began to recover strength; the pulmonary symptoms disappeared, and the girl felt able to return to work, experiencing nothing more than a slight difficulty of breathing when fatigued. When re-admitted into the hospital in 1837, she presented no trace of her old pulmonary complaint; she had a slight gastric affection, but was soon attacked by the influenza, which prevailed at that time. Towards the evening of the day she was attacked on respiration became difficult, dyspnœa rapidly augmented during the night, and she died before morning in a complete state of asphyxia. The rapid termination of the case induced me to have the body examined with more than ordinary care. The left side of the chest was evidently smaller than the right. In the head there was considerable congestion of the veins, but nothing more. The thoracic cavity was next examined. The first thing which s ekrctu= was the disparity of size of the two lungs; the right was large, and completely filled the right side of the thorax, while the left was very small and concealed in its cavity by a quantity of laminated tissue; on further examination we saw that the organ was completely atrophied and impermeable to air; it was firm to the touch, and more consistent than the renal capsules. On cutting into the substance of the lung, we found several cavities of various sizes, which communicated with each other; they were, however, completely cicatrized and free from matter. The right lung was gorged with blood throughout its whole tissue, but imperfectly crepitant. The post-mortem appearances explained every thing in her rapid death. She had been consumptive, but one lung only was attacked; the tubercles were numerous, and occupied a great portion of the parenchyma of the lung; they had softened, and were completely removed by expectoration. This was proved by the abundant expectoration of purulent matter during life, and the numerous cavities found in the lung after death. To explain the cure of phthisis in the case, we must remember that one lung only was attacked; the right lung, which remained free, was sufficient for respiration, while nature was clearing off the morbid deposit from the left half of the chest, Although this case terminated successfully, it seems to prove the necessary incurability of pulmonary consumption in a very great number of cases, even though we admit the expulsion of all the tubercular matter, and the cicatrization of the caverns. The effect of any such temporary cure in a case of extensive tuberculization must be to leave the lung in such a condition as would unfit it altogether for the purposes of respiration; this was what occurred in the present case, and accounts for the rapid death of the patient; the right lung being gorged with blood, and the left impermeable to air, the patient was cut off by suffocation.—*Revue Med., November.*

WESTMINSTER MEDICAL SOCIETY, EXETER HALL.

(Communicated.)

PHLEGMASIA DOLENS—ITS PATHOLOGY.

Saturday, Jan. 8, 1842. Mr. Henry J. Johnson, President.—Dr. James B. Thompson related a case of phlegmasia dolens. It occurred in a woman, ætat. 35, confined of her fourth child; she was the wife of a tradesman in the vicinity of Regent's Park, and was now in reduced circumstances; her labour was very quick and favourable. In about the 8th day after her accouchement she complained of rigors, followed by heat, thirst, loaded-tongue, full pulse, and headache. The cause of these symptoms soon revealed itself, by the occurrence of pain and stiffness in one of the groins, the left, which gradually extended all over the limb to the very extremity of the toes, so that in about the morning of the third day the limb acquired nearly double the natural size, was exquisitely painful, and aggravated by the slightest attempt of motion. The limb was tense, white, and shining, elastic to the touch, and pitted very little upon pressure, but gives to the hand when

passed over it a sense of irregularity, as if it contained numerous little depressions under the tense integument; the temperature was much increased, and a good deal of pain upon pressure, which is said to be greater along the veins; but I must confess I could never perceive this. It was equally as painful on any part of the limb, as on the tract or course of the viens; in this case the discharges were scanty and rather fetid, so as to require attention to the vagina, by lukewarm milk-and-water injection; the patient suffered from want of sleep. The treatment pursued was leeches to the groin for the first and second days, with poultices and stupes; the bran-poultice was used here, and Dr. T. thought it preferable to the poppy-head or cammomile stupes. The more of the limb enveloped in the poultice the better; the general treatment was antiphlogistic, regimen nutritious, not stimulating or exciting. Dover's powder at night, about ten grains; and during the day, Dr. T. gave one grain of the hydrargyri submurias, with the pulv. Jacob. ver one grain, three times a day. This latter medicine has a good effect in these cases; it relieves that dry goose skin, the "cutis anserina," and promotes a partial perspiration on the surface; it is not advisable to press the calomel in these cases, it may be so given as to produce a very mild and gentle action in the system, and Dr. Thompson always observed that patients seized with this complaint do not well bear anything approaching to severe or active ptyalism. This treatment was pursued for about nine days, when the swelling of the limb began to subside, first in the thigh, and afterwards in the leg and foot. The patient was rather enfeebled, and lost very nearly every command of the limb, which felt stiff and benumbed, and required the hand of the nurse under the small of the leg, when the patient liked to change her position. The woman is now slowly recovering, but is quite ree of the disease; her rest is better, her bowels are regular, the discharges natural and healthy, appetite improving; she is now on a more tonic plan, namely, infusion of gentian, carb. soda, tinc. cardamon. com. She and the child are going on well. The limb is bandaged up in strips of flannel, and she is able to elevate it a little, and Dr. T. had desired the nurse to rub the limb gently with her hands, before putting on the flannel rollers anew. This induces, Dr. T. thought, a healthy action in the skin, and is agreeable to the patient; it has a soothing effect, and imparts a tone and energy to the muscles, whereby they much sooner recover their natural power than from any other plan. Dr. Thompson said, he always observed that this disease presented itself more in debilitated, broken-down constitutions, than in any others, and that it was most prevalent amongst the poorer classes. It is more frequently met with in the hospitals, and amongst the class of people who attend public institutions, than in private practice; it generally presents itself from the tenth to the sixteenth day, but may vary in some cases. A disease very like to phlegmasia dolens, *if not the same*, presents itself sometimes in the single unmarried females, and even in the male subject. The pathology of this disease is rather obscure; some of the older writers attributed it to an irregular deposit of milk (depôt-du lait), others, to an extravasation of lymph, in consequence of rupture of the lymphatics, and some to a general inflammatory state of the same class of vessels. The late Dr. Davis's idea was, that the disease was phlebitis of the crural veins, while others are of opinion that it proceeds from the absorption of some morbid secretion of the uterus. Now it is clear that none of these hypotheses, said Dr. T., account for the symptoms, nor are they supported by post-mortem examinations. The more rational theory, and one borne out more by whatever evidence at present we have of the pathology of this disease, is, that this disease consists in an inflammation of the cellular tissue, occasioning an effusion of coagulating lymph; but how this inflammation is excited, or why it produces those peculiar effects, remains yet to be explained. Phlegmasia dolens, when not complicated with other diseases, is rarely fatal; whereas it is known that phlebitis in any part of the body is particularly mortal. Besides this objection, we cannot see the phenomena of the disease are at all explainable upon the idea of its being venous inflammation. In the majority of cases of the latter malady, there is nothing corresponding to the peculiar firm, tense, elastic, whiteish swelling of phlegmasia dolens, and a careful perusal of Dr. Lee's cases of pure actual phlebitis will show to the sceptical that they were very widely different. In a few cases where Dr. T. had an opportunity of examining after death patients who died more from inanition than from this disease, there was a trace of inflammation and suppuration of the veins; but it appeared that this state supervened rather upon the previous existence of the disease, than that it originated in these vessels themselves. This subject occupied the greater part of the evening, and a very useful and practical debate followed, in which the President, Mr. Streeter, Dr. J. Smith, and others, took a part, the majority of whom seemed rather to favour the opinion, that this disease was purely inflammation of the veins, admitting that the cellular tissue also was very generally engaged. The Society adjourned till Saturday, the 15th Inst.

MEDICAL NEWS.

Medical Prizes. — The following are the prizes proposed for the years 1843 and 1844 by the French Academy of Medicine.—*Prize of the Academy.* "To discover the causes of œdematous inflammation of the larynx (œdema of the glottis); to make known its course, progressive symptoms, and differential diagnosis; to weigh the advantages and the disadvantages of the operation of tracheotomy in the treatment of this disease." This prize is 1,500fr. — (2) *Prize founded by Baron Portal.* "To seek the mode of formation and development of accident alroductions in the animal economy." This Prize is 1,200fr.—(3) *Prize founded by Madame M. E. Bernard de Civrieux.* Madame de Civrieux, having placed at the disposal of the Academy an annual prize for the author "of the best work on the treatment and *cure* of diseases arising from over-excitement of the nervous system," the Academy proposes for the subject of the prize, "on hereditary influence in the production of nervous excitability, as well as the diseases resulting from it, and the means of curing them." This prize is 2,500fr. The essays must be sent, post free, to the secretary of the Academy, before the 1st of March, 1843.—(4) *Prize founded by Dr. Itard, member of the Academy of Medicine. Extract from the will.* "I bequeath to the Royal Academy of Medicine, an annual sum of 1,000fr. to establish a triennial prize of 3,000fr. to be awarded to the best work or memoir on *practical medicine* or *therapeutics;* and that the works may be tested by the experience of the day, it shall be an essential condition that they be published at least two years previously." This prize, the *concours* for which has been open since March, 1840, will be awarded in 1843. (5) *Prize founded by the Marquis Lebasele D'Argenteuil. Extract from the will.* "I bequeath to the Academy of Medicine in Paris, the sum of 30,000fr., to be placed with the interest in the state funds, the accumulated income of which shall be given every six years to the author of the most important improvement during this space of time, in the treatment of strictures of the urethra. But provided that, during a period of six years, this branch of medical art should not have undergone any improvement of sufficient note to merit this prize, the Academy may then grant it to the author of the most important improvement made during these six years, in the treatment of any other disease of the urinary passages." This prize, the *concours* for which was opened in September 1838, will be awarded in 1844; its value will be 8,238fr., in addition to the compound interest for six years. *N.B.* The competitors for the preceding prize (excepting those of MM. Itard and Lebasele D'Argenteuil) are obliged to keep their names secret before the award, under pain of exclusion from the *concours.*—(6) *Prizes proposed for the present year, 1842. Prize of the Academy.* "To discover the cases which are accompanied by the formation of numerous abscesses, and to compare these cases under their different aspects." This prize is 1,500fr.—(7) *Portalian Prize.* "To give a scientific history of the anatomical-physiological; and pathological researches of which the lymphatic system has been the subject, from the time of Morgagni down to the present day." This prize is 1,000fr. — *Civrieux-ian prize.* The physiological and pathological history of hypochondriasis." This prize is 1,500fr. These prizes will be awarded at the annual sitting of the present year, and the memoirs must be forwarded before the 1st of March. We believe foreigners are not excluded from the competition.

Mortality among Infants.—In the course of an inquest held before Mr. Baker, on the body of a child alleged to have died of starvation, the coroner said he happened to have a document in his possession, an official circular from the poor-law commissioners, which bore directly on the case. It was a letter from Mr. Farr to the Registrar-General on the subject of children under one year of age being returned as having died *of* starvation. Sixty-three cases of the deaths of children ascribed to starvation had been extracted from the registers; and it also appeared on the face of the register, that in the year 1837 nearly as many cases of death from the want of the necessaries of life had passed without inquiry as had been made the subject of inquiry before coroners' juries. Thirty-six of the cases were only infants under one year of age; twelve of them had died of inanition, and the remaining 24 died from want of the natural nourishment, the mother's milk. It also appeared, that in the year ending June, 1838, 71,888 infants died under one year of age, the greater part of them the children of the lower classes. Was it not, therefore, probable that out of these a much higher proportion than twice 36 were starved in the cold nights of winter, and from the coarse, innutritious, inadequate subsistence of impoverished parents?

Another Verdict of Manslaughter against a Surgeon.—An inquest, marked by singular circumstances in its conduct and termination, was recently held at Bolton, on the body of Mary Heywood, aged 43 years, a woman, who, during life, laboured under weakness of intellect. On the 16th of November, the surgeon of the workhouse, Mr. Heap, placed her in a "sulphur-bath," in a room which the Bolton Free Press declares to be a damp, ill-ventilated place, with a flagged floor," to which she had to walk in a state of nudity across a flagged lobby, within two or three yards by the door, and through the current of air which would

enter at the door to the room in which the operation was performed. A witness thus describes the operation:—"She was covered with an oil-case, which is air-proof. The cover buttons round the neck. She had a handkerchief outside, as an additional preventive of the sulphur getting to her face. The head-piece of the cover was intended for men, and rather too large for deceased. On removing the cover, I got as much of the sulphur as deceased. She then went into a cottage, in the yard where she lived. She remained in the apparatus, from first firing the sulphur to taking her out, a minute and a half. I placed the better half of an ounce of brimstone under the deceased, and placed a hot iron upon it. This was the first trial of the stoving system, and it has not been used since. When put in she had no cough, and was as well as I have known her for years. A fortnight after the stoving, she was feverish, had pain in her chest, and coughed, and had headache. Mr. Heap, on 23rd November, visited her, and gave her a cough mixture. Some men in the workhouse required stoving quite as much as the deceased. They have not been stoved. She was a perfectly healthy woman. I removed her to the hospital on the Monday. On that day she grew worse. On the following day she was insensible, and had a kind of stoppage in the breast. The persons present at the stoving were Mr. Heap, Mr. Cooper, a guardian, myself, and the hospital nurse. She died about half-past four on Wednesday morning." After several other witnesses had been examined, the jury returned a verdict that "the deceased had met her death in consequence of being placed in a sulphur-bath." The Coroner declared that this was a verdict of manslaughter, and the jury persisting in it, he was obliged to commit Mr. Heap. In consequence of some dispute as to jurisdiction in connection with the locality, another inquest was held over the deceased by another coroner. The jury in this case found that the death was natural. So much for "crowners' quest law." We should add, the object of the bath appears to have been to destroy the vermin supposed to be on the woman's person, one of the witnesses incredibly remarking—"There is a man in the workhouse who is similarly afflicted with vermin to deceased. *They have a praetice of putting the filthy clothes in the oven, after the bread has been baked, to kill the vermin,* but that does not destroy the nits."

Microscopical Society.—At the last ordinary meeting of the Microscopical Society, J. S. Bowerbank, Esq., in the chair, a paper was read, 'On the existence of crystals of carbonate of lime in the egg-shell of the alligator,' by Dr. Henry Johnston, of Shrewsbury. When a small portion of the shell is crushed in a mortar, and some of the powder examined with a power of fifty linear, the particles are not amorphous, but have a great tendency to break into regular fragments, bounded often by straight lines, and the fractured edges clean and shining. The paper was accompanied with portions of the shell for examination, as the author wished to draw the attention of microscopists to the subject. A second paper was read, 'On a peculiar substance occurring in the human teeth,' by Frederic Buchlmann, of Berne; peculiar threadlike bodies attached to a granular mass, in the fluid of the mouth, mixed with epithelium and tartar of the teeth. They occur only in the teeth, and may be found both in young and old individuals, but more particularly in the latter; they are not altered by acids or alkalies, and when exposed to heat in a platinum crucible, the granular mass is converted into carbon, but the fibres remain unchanged. The last paper read was 'On the globules of the blood,' by Henry Lambotte, of Brussel The conclusion drawn by the author was, that the globules have no central nucleus, but are composed of corpuscles, or small homogeneous masses completely soluble in water. These three papers were communicated by Daniel Cooper, Esq., Editor of the 'Microscopic Journal,' to whom thanks were voted.

City of London Truss Society.—On Wednesday evening, the annual meeting took place. The chair was taken by James Whiskin, Esq. The secretary read the report, from which it appeared that 4,496 poor patients had been relieved during the year, making a total of 114,750 cases since the establishment of the charity in 1807. It is a lamentable fact that this afflicting complaint exists to an extraordinary degree amongst the labouring population. In a district in the West of England, it was ascertained by a medical gentleman, from actual observation, that upwards of one in five, out of a population of 200,000, was labouring under this malady.

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COURSE OF CLINICAL LECTURES ON DISEASES OF WOMEN.

Delivered in the Hospital of La Charité, by Professor VELPEAU.

LECTURE VI.

Continuation of treatment of vesico-vaginal fistulas.—c. *Suture.*—The suture, although an operation which must have received the earliest consideration, is so difficult of application, that until lately no one had the courage to attempt it, and scarcely any mention of it was found in the works of the Parisian school. But since the commencement of the present century, this operation has been not unfrequently performed. Different sorts of sutures have been tried, but their success seems uncertain in those cases where an old-standing fistula is seated at the fundus of the bladder, and is attended by some loss of substance. Roonhuysen, who, according to Chelius, was the first to recommend it, never tried it on the living subject. This operation embraces two principal objects; to freshen the lips of the fistula, and to bring them together and maintain them in contact. The freshening up of the fistula is not an easy thing, as you may readily conceive. We may make use either of nitrate of silver, the actual cautery, or a cutting instrument. It is a matter of some consequence which of these means we employ. When speaking of cauterization, I pointed out the rules which should direct the surgeon in the employment of the two caustics. But I do not think that we ought to hesitate in our choice between caustics and the cutting instrument, at least when the opening is of a certain extent. We in fact know that caustics make a wound less favourable to immediate reunion; they destroy the tissues, thus producing an eschar, which falls off only after a certain time, and leaves a suppurating surface. All surgeons are agreed as to this, as well as the difficulties of refreshing the lips of the wound in a suitable manner. It is to overcome these difficulties that M. Sanson has proposed a mode of operation which enables the surgeon with facility to bring into view the injured part, by pressing it forward through the vulva. The following is the way in which he proceeded. In September, 1836, having under his care a case of vesico-vaginal fistula, at the fundus of the bladder, he divided the urethra of the patient, and passing his finger into the bladder through this passage, he brought the fistula outside the parts, and was thus able effectually to refresh the edges of the opening. The suture was immediately applied. But this ingenious attempt was not successful; eight days after, the patient was in the same state as before the operation. Supposing even that we succeed in refreshing the edges of the wound, we have then to maintain them in contact by means of points of suture. Now, it is evident, the difficulties are here also very great; for how are we to act on a part so moveable? how maintain perfectly in contact all parts of the lips of the wound? And again, do you think that you can always drag about the surrounding tissues with impunity? is there not reason to fear that the entire organization may receive a more or less unfavourable shock? Let no one say that this is mere theory; some authenticated facts prove that death may result from this cause; such cases happily are rare; but still they have occurred, and if but one had happened, it ought to put you constantly on your guard. There is another consideration which you must not forget; it is that when the operation does not succeed, the state of the patient, far from being ameliorated, will most frequently be found to be aggravated. If you have seen several women who have been subjected to this mode of treatment, you must be convinced of the justice of this remark. All these circumstances ought to be taken into consideration, when we propose to treat this disease by suture. Still, if we are decided on performing this operation, I am convinced, from repeated trials on the dead body, that the following is the best mode, as you will find detailed in the second edition of my *Médicine Operatoire.* "The patient is placed on a bed or on a table suitably arranged. A mattress rolled up is placed beneath the patient, and the thighs bent back so as to rest on the abdomen, while an assistant keeps the vagina dilated. I first enlarge the fistula for the extent of a line or two, at its posterior part, with a pair of straight scissors, and then with a straight bistoury make a similar incision at its anterior angle, in order to seize each lip of the wound in succession with a pair of palate-forceps, and pare the edge by means of straight or moderately curved scissors. The points of suture are then passed at the distance of three or four lines from the refreshed surfaces. The thumb and index finger of the left hand should be withdrawn, and the parts held by the forceps, while we are using the needles. Finally each thread is knotted at the bottom of the vagina by means of the fingers. If the slit is transverse, we may easily, with a very sharp bistoury curved near the point, and carried along the vagina, remove a thin slice from its deep edge, when pulled down by means of a hook or forceps." But may not a great part of the difficulty of applying sutures in vesico-vaginal fistulas be attributable to the imperfections of our instruments? Now, that with the spiral needle, invented by M. Colombat, we can in one turn effect the suture in any part of the vagina, and by freely enlarging the urethra, as done by M. Sanson, and employing the instruments for carrying the needle invented by MM. Bineau, Soteau, &c., we can easily pass as many suture points as we wish around the fistula, it appears to me, that we have better chances of cure, and such as would justify new trials in these cases. Convinced of the difficulties of which I have just been speaking, M. Lewziski, in 1802, invented a particular instrument, which he was about to use upon a woman under his care, when she was obliged to leave. This instrument is a kind of flat catheter slightly curved, and having two elongated openings near its point for the passage of an equally curved needle. By means of a screw or spring enclosed in this canula, we are enabled to push the needle through the posterior lip of the fistula as soon as the instrument is in the bladder. When brought out through the vulva, this needle draws along with it a thread, a portion of which is to be left hanging in the vagina. After placing several in this manner, they are to be tightened into a knot, so as to close the vesico-vaginal opening.

d. *Uniting methods.*—Being satisfied of the insufficiency of Desault's process, of the little chance of cure offered by cauterization alone in certain cases, and of the dangers to which the suture exposes the patient, some surgeons have applied themselves to discovering some means, whereby the edges of the fistula, after being freshened up, might be held in contact without employing the suture. MM. Lallemand, Dupuytren, and Laugier, have each proposed an instrument for this purpose, but the priority of invention certainly belongs to the first-named gentleman. The instruments of Dupuytren and M. Laugier are merely modifications of that of M. Lallemand.

1st. *Instrument of M. Lallemand.*—It was in the year 1825 that M. Lallemand conceived the idea of this instrument. The memoir that he published at that period in the *Archives Générales de Médicine* made a most lively impression in the surgical world, from the success attending the first application of his instrument, the principle of which offers some analogy to that of M. Lewziski. The apparatus of the professor of Montpellier is composed—1°. of a large canula, about four inches in length; 2°. of a double crotchet, which is made to move within the principal instrument by means of a screw, so constructed as to push the hook without, or make it re-enter its sheath; 3o. of a circular plate, fixed at the other end of the instrument, which prevents it from penetrating too deeply into the urethra; 4o. of a spring for the purpose of drawing forward the small hooks when fixed in the posterior lip of the fistula. When the instrument is passed into the bladder, through the urethra, we are enabled to push the two small hooks even into the vagina, through the vesico-vaginal partition, which must be sustained with the index finger of the left-hand. By a turn of the screw they become fixed in the desired position; a roll of *charpie*, or fine linen, for the purpose of protecting the parts, is then placed between the fore-part of the urethra, and the outer plate of the instrument; finally, we let go the spring, which then acts by drawing down the posterior lip by means of the hooks, and at the same time pushing up the inferior wall of the urethra through the medium of the circular plate or the *charpie*, which serves as its support. By a mechanism, which would take too much time to describe here, and the details of which you will find in the *Archives Générales de Médécine*, we may graduate the force of the spring, so as to obtain merely a moderate pressure, although sufficient to keep the two edges of the fistula in contact. By means of this very ingenious instrument, M. Lallemand has succeeded in curing several vesico-vaginal fistulas. This professor told me in October, 1837, that he had cured seven or eight patients, out of the fourteen or fifteen, whom he had operated upon.

2nd. *Dupuytren's instrument.*—This is a kind of large canula or female catheter, presenting a little plate or lid on either side, which opens in the form of a little wing, or becomes perfectly closed, according as the central screw is pushed downwards or upwards. This instrument is introduced, when closed, into the bladder; then after opening the little plates, the instrument is to be drawn downwards, as if with the intention of withdrawing it. The posterior lip of the fistula is thus pressed forwards, whilst by means of a piece of lint or *charpie*, placed between the meatus urinarius and the outer plate of the canula, the urethra becomes forced backwards. This instrument, which has neither the inconvenience of perforating nor of tearing the vesico-vaginal partition, is infinitely less complicated than the preceding, and is doubtless much preferable to it, provided it be really of a nature to produce a perfect coaptation of the edges of the fistula. But unfortunately this is not the case, and I doubt whether we can practically consider it otherwise than as an accessary to cauterization.

3rd. *M. Laugier's process.*—Although the instrument proposed by this surgeon in some measure resembles that of M. Lallemand, and is formed somewhat on the same principle, still the process of the operation itself is sufficiently distinct to be studied apart; with the idea of applying the method of M. Lallemand to all kinds of

vesico-vaginal fistulas, whether transverse, longitudinal, or oblique, M. Laugier constructed a kind of forceps, articulated like those of Smellie, and the form of which should be determined by the direction of the fistula. If this be transverse, the branches of the instrument are bent directly upwards, upon one of its faces, either to the right or the left. In longitudinal fistulas, on the other hand, the two hooks of each branch should be parallel to the axis of its body, and the extremity which supports them bent along the edge; lastly, if the fistula be oblique, the forceps also should be curved in an oblique direction. The hooks of the instrument, according to M. Laugier, should be very short, in order to prevent their passing through the vesico-vaginal partition. We have already seen, that M. Lallemand introduces his instrument through the urethra; M. Laugier passes his through the vagina. The crotchets of one of the branches are applied some lines external to one of the lips of the fistula, having previously freshened them up; those of the other branch are then applied in the same manner, upon the opposite side; the instrument is then closed, and the lips of the wound thus brought together. This approximation of the branches is caused by a screw, which passes through the two handles of the instrument. Some *charpie* is finally placed in the interior of the vagina, or at least around the opening of that canal. The process of M. Laugier, when performed during life, has hitherto always failed, and I doubt whether it possesses great efficacy. It is difficult to believe that upon a wall so moveable as the vesico-vaginal partition, the simple crotchet could be sufficiently fixed to maintain, during three or four days, an exact approximation of the lips of a somewhat extended fistula. If they do not pass through the whole thickness of the tissues, the hook will be almost sure to slip, thus tearing the vaginal membrane, or else the urine will become collected in the depression left in the bladder, and will eventually escape by the side of the instrument. If the crotchets penetrate into the bladder, the openings formed by their passage becoming enlarged from suppuration, before the instrument can be withdrawn, will most likely give rise to new fistulas, rather than tend to the cure of that already existing. Moreover, we must be aware that the parts surrounding a vesico-vaginal fistula are far from invariably offering the same degree of thickness in its various points. Those, for instance, occupying the extremity of the fundus of the bladder (and this is by far the most common situation), have generally their greater thickness on the side of the urethra, and are on the contrary very thin posteriorly. The anterior fang of the instrument ought to penetrate two or three lines in depth, while the other is fixed in a layer of only a line or even half a line in thickness. In longitudinal fistulas, these crotchets would probably produce but a partial coaptation, from the circumference of these wounds almost always presenting some points more resistant than others. Finally, when the fistula is more remotely seated, would not the suture present greater chances of success? or would it be much more difficult of practice?

E. *Anaplastic processes.*—Anaplasis has for several years been considered an operation of great importance in surgery. This process, variously modified, has already been successfully applied in a variety of cases, and its domain extends every day. Having proved that the process of Desault, cauterization, suture, the uniting methods, and some other operations scarcely ever succeed in overcoming vesico-vaginal fistulas, seated at the fundus of the bladder, surgeons were necessarily bound to try every new operation. We shall, however, see that it is chiefly the *Indian anaplasis* which has been employed in vesico-vaginal fistulas, I may add that I was the first who suggested the idea of this operation as applied to urinary fistulas. No one, in fact, had mentioned it previous to my suggesting in 1832, to close the fistulas of the larynx with a fold of integuments. The following is what I expressed at that period. "If analogy does not deceive me, this method would be equally available in other fistulas; and for the purpose of closing a variety of other openings, deep and straight fistulas, with loss of substance of the urethra, thoracic and abdominal fistulas, *fistulæ in ano*, when there is no obstacle to the course of the matter, and certain salivary and lachrymal *fistulæ*, would probably derive more benefit from it, than from the various plastic methods hitherto tried." But I must hasten to say, that in thus expressing myself, I was merely guided by analogy; my assertions had not been founded on any practical fact. M. Jobert was the first who followed up this idea, and reduced it to practice. This surgeon has given the title of *élytroplastie* to the operation that he has adopted. This method has been already several times applied upon the living subject; and although it may have often failed, still there have been undoubted cures of fistulas at the fundus of the bladder by this means. This should, then, be considered a practical operation. I will hereafter point out those cases in which it should be employed.

On the 14th of February, 1836, M. Jobert first explained to the *Academy of Sciences* his new mode of operation, and the result of his first experiments. In March and April, of the same year, he published his researches in the *Gaz. Med.* of Paris. The principle of this operation is to place between the previously revived edges of the fistula a fleshy layer removed from the *labia majora*, or from the *nates*, or from both together, and to maintain it in that position until it has perfectly united with the wound. We may see that this operation is exactly copied from that which I have described under the title of *bronchoplastie*. It is composed of four stages: — 1st, the reviving of the lips of the wound; 2nd, the formation of the layer; 3rd, the application of this layer and its maintenance by means of a suture; 4th, the re-establishment of the natural passage of the urine. For the purpose of reviving the edges of the fistula, M. Jobert prefers the cutting instrument to caustics. "At first view," says this surgeon, "the reviving appears difficult to perform; but if we reflect that the vesico-vaginal partition may be, by cautious traction, drawn outwards, we shall not find ourselves embarrassed in cutting off a portion of the lips of the fistula. I have often," he adds, "found it sufficient to introduce a finger into the fistula, and thus draw it outside." M. Jobert, with myself, prefers the bistoury in these cases to caustic. Still I must add that this first stage of the operation appears to me much less easy than he considers it. I have already said that to overcome these difficulties, M. Sanson has not hesitated to divide the urethra.

As soon as the refreshing is performed, we are to dissect the layer which is to close over the opening, the size and form of which must be proportioned to the dimensions, and the more or less deep position of the fistula. It is useless to add, that if ulcerations or bands should exist in the vagina, it would be necessary before commencing the operation, to cure the one or excise the other. The fold should not be formed of the skin alone, but should also include the layers of adipose tissue, without which it would quickly become gangrenous, as happened in a patient operated on by M. Jobert. To dissect the fold, the operator seizes with one hand a portion of the external *labium*, and holding a bistoury in the other, he cuts a suitable portion of the integuments from its rounded margin. The layer may also be dissected from between two incisions, the one on the outer and the other on the inner side of the *labium*, and joined inferiorly at a more or less acute angle This latter form is especially applicable to fistulas of a small size, whilst the former one is more suitable to those attended by much loss of substance. The pedicle of the incised fold should be of some size, for it is through this, as we may easily understand, that the life of the part is maintained. It is also necessary to know that the layer becomes retracted during the period of suppuration; hence the practice of making it of a certain length, and of prolonging the incisions even on to the *nates*. As soon as a fold of suitable dimensions is dissected up, it is to be laid between the lips of the fistula. For this purpose, we fold it in two, rolling it upon itself by its cutaneous face, after which we pass a waxed thread of some size through its upper part. Do not forget that the layer must be placed in contact with the lips of the fistula, not by its cutaneous, but by its cellular face. Having taken these precautions, we introduce into the bladder, through the urethra, a catheter, the end of which is to be passed into the vagina through the fistula. The thread which has been previously fixed to the layer is then passed through the eyes of the catheter. On this being withdrawn, the thread is also brought out along with it; we then push the fold with one hand between the lips of the fistula, whilst we make gentle traction on the thread. This is given to an assistant, and the operator proceeds to fix this fold to the lips of the fistula by suture. The following is the mode in which M. Jobert describes its application: — "I introduce," says this surgeon, "the finger along the fold, and glide along it a curved needle, mounted on a needle-case, or else directed by the hand alone. I then at one stroke thrust the point through the layer as well as the lips of the fistula. The needle is seized with dressing forceps, and brought outwards, carrying along with it the thread with which it is armed. I then do the same at the opposite angle of the fistula. It is of the greatest importance that the layer and the angles of the fistula should each be included in the ligature; it is from neglecting this necessary precaution, that the urine sometimes escapes by this unnatural passage, and requires anew a minute and painful operation. The threads, when passed, should be knotted to keep the layer and the edges of the fistula in contact; for this purpose they are to be directed with a forceps, a female catheter, &c. The first knot is to be strongly tied; the second consolidates the whole. The threads are to be left hanging outside, after having wrapped them up so that they may be easily recognised. Gradually the ligatured parts become inflamed, softened, divided, and the knot and thread soon fall off. This takes place about the twelfth or fourteenth day, sometimes later. We might dispense with the suture," adds M. Jobert, "in using the instrument previously spoken of, by forming the two ends of the thread which pass through the edges of the fistula into a tight knot, and fastening them to its opposite extremity; these knots are then to be supported by means of one or more folds of linen, lest the instrument should irritate the soft parts, or lacerate them by its weight."

The fold being fixed in its place, we are then to give a free passage to the urine. For this object, we must leave in the bladder a catheter proportioned to the diameter of the canal. The introduction of this catheter should be made with the greatest precautions, so as not to injure the fold of integument. As the presence of the thread in the urethra might occasion ulceration of this canal, I should prefer passing it from the commencement in a female catheter, which would serve as a support at the same time that it would give a free passage to the urine. It is unnecessary to add, that this catheter should be fixed in a proper manner. The operation is then terminated; the patient should preserve the horizontal position, and the most absolute state of repose.

Some slight modifications might, I believe, be made in this operation. Thus, perhaps it might be advantageous, after having doubled the fold of integument, to fix its extremity by means of a suture point, and to allow it to become contracted, or give time for vessels to shoot into it, before its introduction between the edges of the fistula. It might also be useful, I think, to employ some traction on its large extremity, or even to use a degree of force to make it enter, in order that its most voluminous part being in the bladder, it would be in some manner kept in its place by the fistula itself, which would thus act as a constrictor ring. In this manner we might dispense with the suture altogether, and the parts remain *in sitú* of their own accord. Still, I must freely acknowledge that these are mere ideas formed *à priori*, for I have not as yet employed this mode of treatment in vesico-vaginal fistulas. But we have not yet done; we have now to determine the period at which to divide the pedicle of the fold of integument. We may easily imagine that it is impossible to fix any precise term on this point.

The organization, the constitution of the subjects, the degree of vitality of this layer, must all be taken into consideration. We can merely say as a general remark, that this section should be performed at the latest period possible, or when we have acquired a certitude of the perfect adhesion of this layer to the circumference of the fistulous opening. M. Jobert does not practise the division of the pedicle till the 30th or 40th day. This section should also be made towards the middle of the fold, so that in retracting, it may represent a kind of button with two heads, one of which is in the vagina, and the other in the bladder. As to the external wound produced by the excision of the fold of integument, it must be treated by suture, or the other uniting methods. But, to avoid all constriction of the pedicle of this fold, it is better not to draw the edges too close towards its base. Now, what takes place in the parts which are placed in contact? What are the changes brought about in the layer of integument, and how is the re-union formed? Not having observed any cases of this kind, I cannot do better than repeat what M. Jobert has written on this subject; "As soon as the parts are in contact, an exhalation or exudation of blood takes place in the bladder, which passes off through the catheter; this exudation takes place even in the vagina. The incised surface of the fold is quickly covered with a layer of coagulable lymph; the urine becomes thick from the suppuration, which is formed from the surface of this fold, becoming mixed with this fluid. This condition of the urine lasts a variable time, the duration of which there is great difficulty in determining; for as long as the summit of the fold is not contracted and reduced to a level with the bladder, the suppuration will continue. I have observed it up to the 20th or 25th day. The division of the pedicle also gives rise to a more or less abundant discharge of blood, and a species of retraction immediately takes place in the divided parts, the one portion being withdrawn towards the vagina, and the other towards the part where the fold has been implanted. But, as this fold possesses a perfect state of life, it must, like other parts, be subject to a variety of diseases: thus it becomes inflamed under the influence of the smallest quantity of urine which may flow over the divided surface, and even by the effect of the section itself. From this cause it becomes puffed up and tumefied, as well as reddened, and even projects beyond the entrance of the vagina. It is distended with fluid, and soon suppurates, and as the suppuration diminishes, the part becomes gradually retracted towards the vesico-vaginal partition. I have myself observed these various phenomena; I have at first seen the fold of integument, at the moment of section, become retracted within the vagina, then project during the inflammatory period, and again become retracted within this passage, so that to be able to see it, it was necessary to separate widely the *labia majora*, and depress the posterior commissure. A very remarkable phenomenon is, that this fold does not afterwards possess any degree of sensibility, all communication with the nervous centres being destroyed; and still it possesses vitality. The skin preserves entirely its natural structure; it loses nothing of its organisation, and the same vital phenomena take place in it as before the operation; the hairs grow there in the same manner as before. Thus, as soon as the pedicle has been divided, a part of the cutaneous surface of the fold becomes vaginal, that is to say, it is directed towards the cavity of the vagina. Now, this surface, which was previously shaded with hair, would, according to M. Dieffenbach, when speaking on the subject of *rhinoplastie* become deprived of this covering. But I can affirm that not only do the hairs grow again, but that they become thickened and elongated, and exist just as if the skin had not changed place. I have seen in a young woman, on whom I performed this operation, the hairs became developed, and grow white; and in proportion as she regained her flesh, and her health became better, they resumed their usual black colour. The skin, then, as I have said, preserves its usual structure and organisation. Finally, if at this period we introduce the finger into the vagina, we shall discover this species of plug, which blocks up the fistula; on pressing upon it, it yields a little, like an elastic body, to return to its former position when the pressure ceases."

I need not add, that in this operation we must adopt the same rules, as to cleanliness and drawing off the water, as were laid down in the treatment of vesico-vaginal fistulas in general.

LECTURES ON CHEMISTRY,

By JOHN SCOFFERN, Esq., Lecturer on Chemistry at the Aldersgate School of Medicine.

THE forces of cohesion and affinity, gentlemen, have led us into collateral subjects of great interest and importance, which, however, our time admonishes us not to treat of in greater detail, inasmuch as gravitation also introduces to us its collateral topics, which, in their turn, must be rapidly discussed in order that we may at length commence our inquiries relative to the imponderable agents.

I have already remarked that the power of gravitation is in direct proportion to the masses of gravitating matter mutually influencing each other; but in order to avoid the employment of mere axioms, however comprehensive, I will content myself with reminding you that all bodies are not possessed of equal weights, therefore comparisons may be drawn between the weight of different substances, and, we may say, that one is twice, thrice, four times, &c., heavier than another. This is self-evident. Again, it is not less self-evident that the weight of equal bulks of the same body, (provided conditions remain always unchanged,) are always equal to each other; hence every ponderable substance in nature is possessed of a peculiar or specific weight. Now, in order to establish a ratio between the weights of equal bulks of substances, we must fix on some body as unity; and as we are treating the subject altogether theoretically, we may consider the selection of this body as altogether immaterial. For certain reasons of practical convenience, and nothing more, atmospheric air has been fixed upon as the unit of comparison for gases, and water for liquids and solids; consequently, when you hear it said that a certain solid or liquid possesses a specific gravity of three, we wish it to be understood that it is three times heavier than an equal bulk of water; whereas, the same expression, when employed in reference to a gas, indicates that it is three times heavier than atmospheric air. The problem of determining how much heavier one substance is than another, would seem to a mere theorist so easy of solution, as to preclude the necessity for all further remark by way of explanation; he would propose that there should be taken equal bulks of the bodies under consideration, which being successively weighed, and their weights being respectively noted, would form the desired numeral series. Suppose, for example, the metals bismuth, antimony, lead, and copper, were given him, and that it were required to ascertain their respective specific weights. He would say, for example, a cubic inch; then he would proceed to cut out or cast cubic inches of the respective metals. Mechanical difficulties being at present left unconsidered, our operator would certainly be in a position to learn the specific gravities of his four metals; he would learn, for example, that at a temperature of 60 deg. F., a cubic inch of water would weigh 252.5 grains, and a cubic inch of bismuth rather more than 2480 grains. I say *rather more*, for it would be useless to speak practically of ascertaining the five-thousandth part of a grain, which appears in the theoretical number 2480.055; proceeding with his calculation on these data, he would find that the cubic inch of bismuth was 9.822, or nearly ten times heavier than the cubic inch of water. But waiving all other considerations, what a number of minute fractions does this theoretically simple operation envolve! And yet if those fractions were altogether omitted in future operations of addition, subtraction, multiplication, and division, how great would be the amount of ultimate falsehood! The fact is, that even this circumstance alone would prevent the obvious plan of taking specific gravities *directly* from ever coming into operation; but there are many other objections; the chief is, that although it may be easy enough to form two bodies of *nearly* the same dimensions, so nearly indeed that the difference of measurement between them may be imperceptible to our most delicate instruments, yet it is totally impossible to produce a *really mathematical* correspondence. Here are four cubes of bismuth, lead, antimony, and copper respectively, made for the purpose of illustration only. *I* cast them myself, and sent them to an artificer for the purpose of being made still more exact by filing; now, I imagined that this operation would have been neither difficult nor expensive, but learned that it was both; still they are not precisely of equal sizes. Here, again, then, we meet with a difficulty which is, I believe, insuperable, for it has been tried in vain to take the specific gravity of soap by cutting out equal volumes of it with a punch; one would imagine theoretically, that the same punch must necessarily cut out equal portions of material, but practically this is not the case. There are yet other objections. Some bodies are so constituted that they are not susceptible of being made into any given form, and other bodies so susceptible, are, perhaps, already made into other forms which it would not be desirable to destroy. Thus, for example, we should be altogether unable to ascertain the specific gravity of the diamond, under any circumstances, and of a manufactured portion of metal without destroying its form. Thus, you observe, although the plan for taking specific gravities is so obvious in a theoretical point of view, the method of proceeding to which we have hitherto alluded is totally inapplicable as regards solids, although it is actually the means had recourse to for ascertaining the specific gravity of fluids and gases, substances which can be made at will to occupy any required measure, or to assume any given form.

How, then, is it necessary to proceed in order to ascertain the specific gravity of a solid? Why, I cannot do better than relate the anecdote relative to the first discovery of this plan. A king of Syracuse having given to a goldsmith a certain weight of gold, ordered him to make a crown of it. The king's commands were apparently obeyed, and a crown, equal in weight to the weight of gold furnished, was returned, but for some reason or another his Sicilian majesty considered himself cheated. He imagined that a certain weight of base metal had been added, and an equal weight of gold removed; in his anxiety to have these suspicions either verified or removed, Archimedes was desired to investigate the matter. Now I need hardly remark, that the nature of chemical reagents was not very well understood in those days; consequently, Archimedes had not the data to proceed upon that are so obvious to chemists of our own time, and very great merit is due to him for his wonderful penetration. I suppose the philosopher was very well aware, that of all metals then known gold was the heaviest; consequently, that a gold crown of a certain weight must necessarily occupy less space than a crown of equal weight, but made of some other metal. It is not to be supposed, however, that his majesty would consent to the formation of his new crown into a cube, as a preliminary operation. What then was to be done? it would be quite impossible to have measured all the little inequalities of such an elaborate piece of workmanship by direct means, and even had this been accomplished, the numerical expressions thus involved would have been too complex even for a Newton. What then did Archimedes do? we shall see. It is reported, that one day when our philosopher had pretty nearly given over the idea of solving this problem as hopeless, he happened to jump into a bath that was quite full; now this being the case, I need hardly inform you, that a certain quantity of water must have run over. This was noticed by the philosopher, and he came to the very rational conclusion, that exactly so much water run over in bulk, as was equal to the bulk of his own body. (We will suppose, for example, that he occupied a space of twenty cubic feet, then of course twenty cubic feet of water must have run over;) he therefore concluded that this quantity of water, if collected and weighed, and then compared with his own weight, would afford the ratio existing between the two; in other words, he discovered that he might thus learn how

much heavier he was than water. Here then was developed a principle equally applicable to one ponderable substance as to another. A gold crown of a certain weight must occupy less space than a crown of equal weight made out of any other metal: and hence must necessarily displace less water—a discovery which is stated to have inspired Archimedes with such delight, that he jumped out of the bath, and ran naked through the streets, crying—*I have found it! I have found it!*

There are still some objections even to this very beautiful and rational plan, the chief being the impossibility of collecting all the water which so runs over; and yet we *must* learn the weight of this water before proceeding one step further in our investigations. What is to be done? why, it so happens that the quantity of this water can be learned indirectly, for the substance immersed loses so much of its weight pro tempore, as is equal to the weight of its own bulk of the fluid which it displaces. The fact that a body can be lifted more easily when surrounded by water, than when surrounded by air, must be familiar to all of you; in angling, for example, you must have remarked, that the chief strain on the line occurred when the fish was pulled out of water; the exact amount of diminution, however, you may not perhaps have known, it was equal to the weight of the fish's own bulk of water. The rule then for taking the specific gravity of a solid is simply this; first weigh it in the air, and let its weight be carefully noted; then suspend it to one of the scale-pans, by means of silk or hair, and then allowing it to dip into water, weigh it again, it will be found to have lost weight; consequently, in order to bring the both scale-pans again to a level, more weights must be placed in the one to which the substance is attached. The amount of weights thus added will indicate the weight of that quantity of water displaced by the substance under consideration; and the weight of the substance in air divided by its loss in water gives its specific gravity. As a further illustration, let us operate on a sixpence. In the air you observe it weighs 42 grains; in water only 38 grains; consequently its loss of weight is equal to four grains. Therefore our calculation stands thus:—

$$\text{As } \frac{\text{Loss of weight experienced by Sixpence when immersed in water, equal to the weight of a portion of water occupying its own bulk.}}{4} : \frac{\text{Weight of Sixpence in air.}}{42} :: \frac{\text{Unity.}}{1} : \frac{\text{Sp. gr. of Sixpence.}}{\cdot 4} \text{ or } 10.6$$

From which it appears that the alloy of silver and copper, of which the sixpence is formed, has a specific gravity of 10.6. There are cases in which the foregoing plan must be varied; for example, we may have to take the specific gravity of a powder; in which case our hair or silk expedient would be of no avail; we must then employ a glass bucket accurately counterpoised, and into which a portion of the powder is inserted. We may also be called upon to ascertain the specific gravity of a substance that will not sink in water, when we must attach to it a weight, and subtract the amount of the latter from our numeral result. Lastly, we may have to ascertain the specific gravity of a substance that water dissolves, soap for example, in which case we must employ a non-solvent fluid, of known specific gravity, and supply all numerical details by calculations founded upon these data; in the case just alluded to, we may use with propriety a saturated aqueous solution of common salt; promoting the sinking of the soap, if necessary, by attaching a weight.

The plan of taking the specific gravity of a liquid is very easy, nothing more being necessary than to select a phial, or any other convenient vessel of capacity, and after having carefully ascertained its own weight, to see first, how much water it is capable of containing, and then how much of the fluid under consideration — by this means it is obvious that we obtain a ratio. A phial capable of containing 500 grains of water will hold 6750 grains of quicksilver; hence I learn by the following calculation of proportion, that quicksilver is thirteen times and a half heavier than water:

$$\text{As } \frac{\text{Water}}{500} : \frac{\text{Mercury}}{6750} :: \frac{\text{Sp. grav. of Water.}}{1} : \frac{\text{Sp. of Mercury.}}{\frac{6750}{500}} \text{ or } 13.5$$

But even this calculation, trivial as it is, may be avoided by using a phial which contains exactly 1000 grains of water; for it is evident that such a phial would contain 13,510 grains of mercury; and considering the three last figures as decimals, we should have the same ratio as before. Instruments of this kind are sold in the shops under the name of *thousand-grain* bottles, and certainly prevent the necessity for a slight mental exertion; but they can seldom be relied on for experiments of great accuracy. Indeed, I never yet met with a thousand-grain bottle that was quite correct, and consequently would always recommend you to operate with a common phial. The specific gravity of liquids is sometimes ascertained by an instrument termed the hydrometer, which is merely a bulb containing a weight, and attached to a graduated stem. In proportion as a liquid is light, or has a low specific gravity, so does the ball of this instrument sink deeper, pulling after it of course the graduated stem, which indicates by the figure corresponding with the surface of the fluid undergoing examination its specific gravity. The plan of taking the specific gravity of gases is precisely analogous to that of taking the specific gravity of liquids, at least in all theoretical particulars. On account however of the great tenuity of the substance operated upon, vessels of greater capacity are used, and an air-pump is also essential. The first step of the operator of course consists in ascertaining the weight of the flask, which can only be effected by weighing it after its contained air has been abstracted by means of the air-pump; then must be ascertained how much by weight of atmospheric air, and of gas respectively, it is capable of holding; after which the calculation is obvious. Simple as the process is in theory, there are practical difficulties of great moment. Of course great attention must be paid to temperature, because gaseous bodies are so very expansible; the usual temperature fixed on as the standard is 60° F.; barometric pressure must also be regarded, as the volume of a gaseous body is also influenced by this cause. The usual standard of barometric pressure is thirty inches of mercury; operations not conducted at this pressure and temperature must have their results, reduced by calculation to what they would have been under similar circumstances: gases, too, must be either employed quite dry, (which is effected by passing them over chloride of calcium, or other bodies, absorptive of water,) or else they must be saturated with moisture, and the amount of the latter estimated by calculation; it is always proportionate to the temperature of the gas. Such, Gentlemen, are the various methods had recourse to for taking specific gravities; peculiar circumstances will, however, now and then require modifications of procedure; but, if the principles of the operation be well imprinted on your minds, all the minor details connected with its application will not fail to suggest themselves to your minds. I am not aware that I could render the subject of specific gravities at all more lucid by continuing our dissertation, and therefore will not for the mere sake of extending a lecture detain you any longer. We shall next consider the nature of the imponderables.

THE PHYSIOLOGY OF ANIMAL SUSTENANCE.

[For the 'Medical Times.']

From experiments made by Knight in 1802, he inferred that the current of sap *descends* through the bark from the young branches and buds; and in some further experiments he established, that the sap having been absorbed by the bark of the root, is carried up by the alburnum, or white wood of the root, the trunk, and the branches; it passes through the central vessels into the succulent part of the annual shoot, the leaf-stalks, and the leaf, and it returns to the bark through the returning vessels of the leaf-stalk. (*Phil. Trans.*) Motion, however, has much to do with the circulation of the sap in trees, as proved by subsequent experiments by the same authority; but we must refer the curious reader to the author himself, seeing we have already dwelt upon this part of our subject somewhat lengthily.* Knight thinks that the exhaling vessels are confined to the under surface of the leaves, and that they, like the cutaneous lymphatics of animals, are probably capable of absorbing moisture when the plant is in a state to require it. The *upper* surface, he imagined, was formed to absorb light, or to operate by the influence of that body, and that if anything exhale from it, it is probably oxygen, or some permanently elastic fluid.

With regard to the insensible perspiration of plants, Hales has made some curious experiments to prove the quantity thrown off in the four-and-twenty hours; and here we admit the analogy to be somewhat strong. He determined that a sunflower, of the weight of only three pounds, throws off twenty-two ounces of perspiration in twenty-four hours, or nearly half its own weight! To support this immense expenditure, it was supposed that plants must be supplied with a larger quantity of sustenance than animals, and such has been ascertained to be the fact. Keill experimenting upon himself found that he perspired thirty-one ounces, or nearly two quarts in twenty-four hours. He ate and drank during that period but four pounds two ounces; while the sunflower took in by its leaves and roots seventeen times more nourishment in the same space of time, and threw off twenty-two ounces of insensible perspiration. Hales remarks, "the motion of the sap in plants has probably only a progressive, and not a circulating motion as in animals."—*See Vegetable Staticks, vol. i. p.* 13; *3rd edit.*, 1738; *also, the beautiful experiment, p.* 44.

On the whole, then, we may conclude, that the analogy between plants and animals, so far as the vital phenomena are involved, has been forced, and that though the former present at first some startling similarities, these are, strictly speaking, resemblances in *animals to* plants, and *not plants to* animals. It is, however, we confess a very nice distinction. If therefore we deny that a true analogy can be traced between plants and animals, the argument drawn from that rejected postulate, "that because some plants can exist for a very considerable period (but not entirely, as Mr. Loudon very properly remarks) on air, that therefore this fact is one link in the chain of argument, that animals and men can live for a lengthened period of time without food or drink, or, in other words, on air, must fall to the ground."*

* Browne's experiments would seem to corroborate those of Knight. He demonstrated that the component parts of all matter whatever, whether organized or not, when suspended in a fluid and viewed with a suitable microscope, are found to be in motion without physical agency.—Dutrochet's views are somewhat similar. Do the experiments of Mr. Cross with the galvanic battery, lately repeated and corroborated by Mr. ——, of ——, in which a new species of insect is generated, (manifested?) support the views of Browne?

* It may perhaps not be altogether misplaced here to state another view which some eminent physiologists have taken of the human body, and to remark, that while the supporters of the analogy between animals and plants were striving to raise the latter to nearly a level with the former, they were seeking to reduce the human body to a level with the plant, or a degree lower, to a machine. Thus Keill:—"The animal body is nothing but a machine, whose actions and motions are all performed by fluids secerned from the blood, and secretion is the spring of all the animal functions. By its means the heart beats, the blood circulates, the limbs are moved, and the aliments concocted and digested, and, in a word, the whole animal economy and life depend upon it, the blood itself seeming to have little other use besides the recruiting and renewing the secerned liquors." (*Animal Secretion, p.* 66-7.) Again, in arguing in favour of the doctrine of evolution, as connected with the human species, he seeks to bring down the generation of the latter to the level of vegetable reproduction.

"If all the solid part of the body was contained in the *animaleule*, then *accretion* and *nutrition* are nothing but the repletion and distension of the vessels. And it is easy to conceive how Helmont's tree grew, from *five* pound weight in five years' time to one hundred and sixty-nine pound, only by the addition of water. Nor does this at all contradict the ingenious Dr. Woodward's experiments concerning vegetation; but his experiments are rather

We have now adduced we think sufficient facts to prove, that even plants cannot exist altogether without some solid food, however infinitessimally or homœpathically divided. But even supposing that they can, we hold that so little analogy exists between animal and vegetable life, that no argument whatever can be drawn from such a fact, and this view of the subject is deduced from the external appearance of plants, their habitats, and general organization, without taking into consideration the absence of the dental apparatus, the stomach and chylopoietic viscera, and the nervous, cerebral, or reproductive systems. To push analogy so far as to confound natural distinction, is to imitate the logician, who attempted to prove by syllogism, that a horse-chesnut was a chesnut-horse.

In considering the analogy between animals and men, analogists have fewer difficulties to contend with; for from the Zoophyte to the Chimpanzee, every family approaches more or less in its organization to man. But there is still a vast difference between the structure and general economy of the toad, the snake, and the beetle—creatures, whose powers of abstinence, and that of the more perfect animals, are extraordinary—to say nothing of man, and this difference no doubt enables them to exist without food for long periods. Thus, John Hunter enclosed a toad between two flower-pots, and on examining it at the end of fourteen months it was as lively as ever. M. Sue sealed up the same animals in boxes. yet they were alive eighteen months after, though deprived during that space of time of air and food. M. Herissant covered a box containing three toads with a coating of plaster of Paris, and on opening it eighteen months after, one was still alive. Dr. Shaw mentions two Egyptian serpents that had been kept in a bottle well corked up for five years without sustenance, yet when he saw them they had cast their skins, and were as lively as if newly caught. Baker kept a beetle without food for three complete years, when it escaped through the negligence of a servant.*

A decapitated snail, though deprived of the very organs for taking food, will not only live months, but will reproduce a new head! Lizards produce new tails, as we have often witnessed in the West Indies, and that in a very short space of time. Crabs also reproduce their legs and claws, and the jaw-bone of a man has been entirely or partially reproduced. The eggs of lizards increase in size after being laid, though they be supplied with nothing but air Vipers, if taken when just produced by their mother, will grow much larger without food of any kind. Vaillant had a spider that lived ten months without food, and its strength was then sufficient to kill another of its own species as large as itself. Lewenhoeck kept a scorpion three months without food. Redi a chamelion eight months, and vipers ten months. The same naturalist ascertained that a civet cat could live ten days without food; wild pigeons twelve and thirteen days; an antelope twenty days; a large wild cat the same number of days, and a royal eagle twenty-eight days. Buffon mentions the case of one of these birds living thirty-five days without food; a badger one month; several dogs thirty-six days, and a crocodile survived two months' starvation. Nearly the whole tribe of insects fast during the winter. Tortoises also live a long time without food. Sir George East weighed a tortoise several years successively at its going to earth in October and on its coming out in March, and found that of four pounds four ounces, it only used to lose about half an ounce. The bear, the bat, the dormouse, &c., fast during winter, and it is said are as fat and fleshy in the spring as when they first began to hybernate.*

Insects, of course, and many of the animals mentioned, differ widely in structure from man—but, even allowing this, their extreme powers of abstinence ought, we think, to be referred to an abnormal condition of the vital phenomena, and should therefore be referred to their nosology, rather than their healthy condition. But admitting that to the insect tribe, and to the bear, dormouse, tortoise, &c., hybernation is normal, still it is involuntary, and consequently a condition, and not a property of their being, as sleep is a necessary and not a voluntary act of man. Besides however long animals may have abstained and lived, there still is, we must believe, a limit to their fasting, and beyond which if they attempted to pass, death must be the natural and unavoidable consequence.

a confirmation of this doctrine; for the fewer terrestrial particles are contained in the water by which any plant is nourished, the quicker the water passes off through the pores or excretory ducts of the plants, and consequently the less the vessels are distended; but if the water is impregnated with a large quantity of terrestrial matter, it cannot pass off quickly, but being detained in the plant, the vessels must be distended, and consequently the bulk of the plant increased. That the fewer terrestrial particles the water contains the quicker it passes off, is evident from experiments. For two plants of mint nearly of the same weight, set at the same time, the one in rain water, and the other in Thames water, (which is more copiously stored with terrestrial matter,) this did thrive to almost double the bulk of that, and with a less expanse of water; yet the experiments do sufficiently evince, *that plants require a proper nourishment as well as animals, without which they can never kindly thrive.*" (*Idem. pp.* 131-2-3.) Before dismissing the subject of analogy, it is but fair to the disciples of this school to add, that their tenets are supported by great names. Linnæus declared that the distinction between men and plants consisted principally in locomotion. He could also see analogy in the several members of plants themselves, for he called the stems of trees "roots above ground." Smith, on the other hand, thought it more accurate to call the caudex "a subterranean stem." We humbly submit that this is "a distinction without a difference." Aristotle, once a legion in himself, affirmed, that the only difference he could perceive between a man, and a tree was that the former had a stomach. This reminds us of the story of the Limerick Skipper, who on his return from America, where he had seen one of the first steam-boats, and being asked to describe it, said, he could see no difference between it and his own bark—*bating the engine.* We apply this anecdote with deference, and assure our readers it is not to be found in any of the numerous works of the late Mister Joseph Miller, of facetious memory. Seriously, Browne's experiments appear to correct the fanciful fallacies of the analogists.

* This is a remarkable instance of tenacity of life. Baker frequently attempted to kill this beetle, by plunging it in spirits of wine, and upon one occasion, actually kept it a whole night in spirits, but it still lived. (*Phil. Trans.* vol. xli. p. 441.) In the "*Times*," Dec. 24th, 1841, there is a case of three toads found in the plaister of the church of Barking, Sussex, also a bat. These animals, it is said, were seventy years thus immured, yet they were lively and apparently in good health when taken out. They are to be restored to their dormitories as soon as the repairs of the church are completed.

* Hydrachnæ have been kept alive eighteen months without food, and leeches as well as certain fishes three years.—See *Muller Hydrachnæ, Phil. Trans.* vol. xiv., p. 577. *Idem.* vol. xli., p. 72. *Mem. Acad. Paris*, 1731. *Comment. Bonon.*, p. 221. *Hunter on the Animal Economy. Buffon Nat. Hist. Viney, Sur les Vers. Sue, Sur la Vitalité. Rees' Cyclopedia*, art. *Abstinence. Redi, Herissant, Shaw, Lewenhoeck, &c.*; also excellent articles in the *Encyclop. Metrop., Encyclop. Brit.*, and the Oxford and Edinburgh. Fishermen say, that the crab (*cancer major*, sometimes weighing twelve pounds) will live confined in the pot or basket some months, without any food but what is collected from the sea-water, and not decrease in weight.—*Collinson in Phil. Trans.*, 1746. And it is now very common for captains of West Indian vessels who touch at the Comanas for turtle, to bring them to England in puncheons, without changing the water during the voyage, or supplying them with food; and it is said they become fat, and increase in weight.

PERINEAL ABSCESS.

By J. NOTTINGHAM, Esq.

A GENTLEMAN, aged 41, of temperate habits, who formerly enjoyed very good health, never having suffered from any form of complaint, began to be troubled in December, 1840, with "pains and uneasiness" in the perineum, for which he could not assign any cause.

From his account, it appears that the part continued to suffer from inflammatory action during some months, and that abscess was formed, which "first broke" in July, 1841.

He applied to me in October last, having hitherto contented himself with the application of poultices to the part. On examination with the probe, I found extensive branching fistulæ in the perineum (with but one external opening on the right of the middle line), on both sides of the raphé, unconnected, however, with either the urethra or rectum, both these canals being in a perfectly healthy state. Considerable induration of the parts had taken place, the tissue in the immediate vicinity of the sinuses feeling hard and gristly.

Oct. 29.—I passed a bent director into the canal, which opened externally, and divided it freely with the bistoury. The smaller sinuses leading from this were next sought out, and treated in a similar manner; in short the operation, as frequently performed, was completed, the parts only requiring a little cramming with lint.

To ensure a complete healing from the bottom in these cases, especially where so much induration as was here met with exists, is by no means an easy matter; the treatment after operation being often exceedingly tedious, and the parts threatening to heal up, save at some ill-favoured aperture, yet moistened by its sanies, where a kind of anomalous sphincter is formed, its aperture communicating with some vestige of the old canal beneath—a sort of termination, more or less favoured by the situation and form of the parts, the motion occurring on them by varying of posture, as in sitting down or rising up, as also by the alteration which the cellular tissue has undergone, and which retards so much the granulating process.

For the purpose of overcoming the difficulties in question, in this as in some other cases more or less of the same kind, an additional step was added to the ordinary operation, by employing a pair of scissors curved on the flat, and, with these, deeply cutting off the indurated margins of the canals previously laid open by the bistoury.

By this means a more sound structure is exposed; the hardened cellular tissue and corresponding integument are removed; a good base, whence granulations may spring, is afforded: and the sides of the old canals, with their mischievous tendency to incomplete coalition, are altogether removed; the dressing afterwards is more simple and less troublesome, as filling up from the bottom of the wound is now in most cases an inevitable process.

Dec. 20.—The sinuses are soundly filled, and the parts completely cicatrized.

To the above mode of treatment I have sometimes found the application of a little strong nitric acid an useful adjunct, thus destroying some of the lining membrane at the bottom of the fistula, which it did not seem desirable to remove by the knife.

[The above case offers in its excellence so singular an exception to the usual contributions of a minor contemporary, that we have incurred the obligation of transferring it to our pages.]

MEDICAL DONATIONS. — "Patriot" has given another £500 to fortunate University College; part of the sum is to be bestowed on the completion of the building. The Hon. Mrs. Damer has given £200 to the Dorchester Hospital, being the proceeds of her "Travels in Palestine."

TO CORRESPONDENTS.

A Correspondent writes thus:—"The following lines may probably assist the Student in remembering the Sinuses of the Dura Mater; and I shall feel obliged if you will give them a place in your Journal.—Philo-Anatomicus."

Circular, torcular, transverse, and straight,
The Petrosal four, thus making eight;
Two longitudinal, two laterales,
Then two cavernous, and two occipitales.

Dr. Drought's *orders will be attended to. Volume V. began with No.* 106. The fourteen previous Numbers *are sent.*

G. s' *Letter III. to* Medical Students *in our next.*

Mr. Barrallier *in our next.*

Hygien.—*We feel obliged when such facts are sent us. We know of three or four such low practitioners without diplomas in the Metropolis, whom we intend to expose not only to that infamy which is their natural element, but to what such pretenders dread much more, the kindly attentions of a* certain worshipful society.

Alpha, Dr. H., Justitia, A Druggist, An Enthusiastic Admirer, Two Constant Readers, *under consideration.*

The long contribution of Dr. G. with the Introductory Lecture respectfully declined.

"A Looker-on" *is perhaps right in that particular instance, but we have no objection ourselves to monthly or quarterly magazines, if conducted on decent principles, honestly acknowledging what is honestly due. Between the acknowledged and unacknowledged, we furnished in the instance referred to a rather disproportionate* quota. *It is, however, a staunch medical reformer,* a character with us that covers a multitude of sins.

THE MEDICAL TIMES.

SATURDAY, JANUARY 22, 1842.

At, ô Deorum quidquid in cœlo regit,
Terram et humanum genus
Quid iste fert tumultus!

IF there be any of our readers troubled with an exuberance of benevolence, and in want of a deserving subject to bestow it on, or any who, enamoured of life's incongruities, love to dwell on new phases of psycological distress, we beg to place under their sympathizing notice the unliveried scribe who, for the last two years, has been condemned to hard labour on the Lancet.

That fatal day when the medical-coroner-subscriptions of a befooled community promoted, above want and the profession, that chaste impersonation of the cardinal virtues, the Member for Finsbury, was the day ever memorable among days of calamity, that elevated the poor trembling wight we have now to deal with, to his present post of editorship and misery. Happy, thrice happy had he remained to this hour behind his master's chair in Bedford Square, serving British wines at rare intervals to unshaven but well-gaitered guests! He would not then have been doomed to receive, in lieu of wages, the passionate objurgations of an ungrateful employer, or be daily cuffed for the ruin of a journal no earthly art could save! Never, certainly, was bad treatment more undeserved, for never did poor man, in novel straits, with small means, make better use of his forces, or fight more manfully against his difficulties. Tied, by his pitiless master's secession, to a sinking concern, he had but two things to sustain him against the public's irreclaimable alienation—the necessity of his position—O dira paupertas!—and the limitless range of action opened by the accommodating character of his master's well indoctrinated moral code. He has failed, it is true, but if he has, his enemies themselves must allow him this praise, that he did not fail before trying the whole range of expedients within a poor mind's reach—without exhausting, in succession, every variety of operation the world offered him, from the one antipodes of the moral world of opinion and action, to the utmost verge of the other. He tried a housemaid's furious onslaught on his betters of the profession—still downwards went the sinking journal;—he essayed to bind up their wounds with smooth words and kitchen compliments—the journal rose not;—he gave leaders that neither praised nor blamed—still the same course;—he gave no leaders at all—alas! no perceptible improvement;—he praised the Pharmaceutical Society—still a melancholy progression;—he assailed the Pharmaceutical Society—no change of direction;—he attacked the Medico-Chirurgical Society—lower, lower, descends the doomed thing;—he praised Mr. Samuel Lane—the gravitating acceleration grows more accelerated;—he exhibited his master as the model of Coroners—the sinking grows precipitate;—he made the Journal of Medicine a political paper—the eternal course continues. Foiled in every varied, endless attempt to kick up a sensation—cuffed by his master, neglected by the public, condemned, despite all his efforts, to see the wretched journal of a by-gone era in a plight which even retributive justice—softened, if not satisfied—cannot look on without a tear of pity, he collected, about the 12th instant, the last energies of his desponding soul, in one grand effort, and after a week's solemn deliberation with his master's cook, and an infinitisimally small apothecary in the purlieus of Soho, deliberately launched into the sight of his seven hundred remaining readers an article that, with an amount of important daring that stands unparalleled, proved, by means of nursery poetry and ponderous dilemmas, that the in turns lauded and condemned Pharmaceutical Society—that jesuit's college of all craft and wickedness—has, *"with severe mental labour, and no inconsiderable* QUANTITY *of calculation"(!)* perpetrated—proh Deum atque hominum fidem!—we scarce can pen the horrid deed—aye, perpetrated—a bad definition! O Herculean effort of littleness! If the Society survive the blow, feline vitality will cease to be a proverb.

The Founders of the Pharmaceutical Society, in deciding in their laws, took the strange liberty of regulating the terms of membership without consulting Mr. Wakley on the words in which they should be couched. Their definition of an eligible member was as follows:—"The term chemist and druggist shall be held to mean a person who has been apprenticed to, or regularly educated by, a vender of drugs or dispenser of medicines, but who does not profess to act as a visiting apothecary or surgeon."

In remarking some time since on the peculiarity of the word "*profess*," we took into account the many difficulties encumbering restrictive terms of admission; and giving Mr. Bell and those working with him full credit for their *personal* attachment to the cause of pure Pharmacy, we frankly announced our opinion, that whatever the ambiguity of the expression, we should feel ashamed of ourselves if we could shut our eyes to the fact, that the obvious intention was to exclude all, but non-visiting, bona-fide Pharmaceutists. A recent number of the "Pharmaceutical Transactions," in which the Editor treats, with ill-concealed derision, the absurd and unchristian proposition of the 'Medical Gazette,' to quality the Druggists with a somewhat increased amount of medical education for the exclusive attendance of the poor, has borne a very pleasing testimony to the accuracy of our views, and at the same time proved the inclination of the head members of the Pharmaceutical Society, if uncoerced by the authorative pressure of the encroaching portion of their followers—to elevate British Pharmacy to what it ought to be—a Science, and wholly to dissever it from the dishonest practices which form as much its stigma as the public's injury. Mr. Wakley's hack, however, as if impressed with the hallucination, that to attack Druggists, honestly if possible, but under any circumstances to attack them, was the way to regain the lost support of the General Practitioner, seized upon this petty verbal point with the avidity of a man that had found a treasure, and bestowed we know not how many columns to prove how pregnant it was with calamities to the profession. One of the illustrations of its alarming impropriety is characteristic. "Take the case," says he very familiarly, "of the Philanthropic Light-fingered Society—A light-fingered gentleman is a person who has been apprenticed to a regular conveyancer, and who does not profess to act as a pick-pocket in the public streets!"

"The Philanthropic Light-fingered Society!" What respectable man ever heard of that body before? The writer's sources of information must surely be peculiar. Has the Society any connection with a certain College founded to grant illegitimate diplomas? or, are its practices at all levelled against Insurance Companies? However this be, the circumstance that the Society is unknown to all but the Philanthropic Member for Finsbury, recommends, we humbly suggest, that Hon. Gentleman's movements to the especial attention of the Police.

The Lancet kindly taking the Society's business into its own hands—we mean the

Pharmaceutical Society—asserts that instead of its present insidious definition, the body should adopt one it gives; contending that the trade and occupation of a Chemist and Druggist should be defined to consist in the "vending and compounding of drugs and medicines, by wholesale or retail." Mr. Bell declines the honour, on the rather strong grounds, that it would let into the Society "grocers, oilmen, and hucksters, who sells jalap, senna, and salts; drug-brokers, drug-grinders, and dry-salters, patent-medicine venders, quacks, mountebanks, bone-setters, herbalists, farriers and cow-doctors, and apothecaries or general practitioners, who supply medicine;" to which long list, were he disposed to place the mischievous laxity of *the improvement* in a still stronger light, he might have added—it would have admitted Mr. Wakley himself! The perspicacious writer in the Lancet, however, insists that his definition, with all its agreeable consequences, must be taken, or else—sad dilemma—the founders must bear the shame of acknowledging that they are more strict in canvassing the qualifications of the actual candidates for admission, than of the absent, or deceased predecessors of those candidates! *"Will the Pharmaceutical Society,"* says he, *"accept our definition, or admit this rigid logical consequence? We take them entirely on their own grounds!"* O rare logic!

The necessity of creating a sensation has led our sinking contemporary into another unhappy piece of fanfaronade which sounds ridiculously enough, now that the course of time has shown the utter causelessness of the noisy outcry. The Pharmaceutical Society having held a conference with the College of Physicians on matters—it is now notorious—that concerned pure pharmacy, and pharmacy alone, the Lancet

> Pauper et exul uterque
> Projicit ampullas et sesquipedalia verba,

in the following edifying manner:—

"Thus the work has proceeded precisely as, several weeks since, we predicted that it *would* advance. The old intrigue between the College of Physicians and the Druggists, which was opened in 1812, and terminated in the introduction of the Druggists' protection clause into the Apothecaries' Act of 1815, is again revived, and the College of Physicians of London, it is now confessed, dares once more to take the field in conjunction with a trading class of the community, *against the General Practitioners of this empire! Physicians,—Dubs—beware, or, if we mistake not, you will pay dearly for your temerity. It is in the power of the General Practitioners to crush you—to expose and set aside your vain and baseless pretensions.*"

What a pity such a boiling passion, such dire forebodings, such awful threats, should have ended as they originated—in nothing! To say that such bungling attempts at great fusses are ridiculous, is to elevate them; some men are condemned by nature never to excite a higher feeling than contempt.

EDINBURGH UNIVERSITY EDUCATION.

To the Editor of the 'Medical Times.'

Sir,—Looking to our colleges and other institutions, private as well as public, in which the different branches of medical education are taught, as a means by which we will be enabled to expel quackery and its necessary concomitant, murder, from this country, it becomes the duty of every well-wisher to our profession and the public, to see that in those colleges and institutions everything is conducted in that manner which will be most conducive to its best interests; and, in my humble judgment, it is also our duty, when anything like the contrary occurs, to give it all possible publicity, in order that the evil may be speedily remedied. Hence it is, that from being thoroughly convinced of these two very potent reasons, I feel it my duty to make the following communication to you, hoping that as it involves the cause of medical education—a cause in which your pen has indeed not been idle—it will not be considered derogatory to the pages of the 'Medical Times.' Circumstances, unimportant in themselves, and with the relation of which I need not occupy your invaluable space, have for the last few years drawn my attention to the truly melancholy state of the University of the metropolis of Scotland—an institution which has long occupied the foremost ranks in the advancement of every science, but which, I am afraid, if matters be allowed to remain as they are at present, will soon dwindle away into insignificance and obscurity. Annually are her students decreasing by hundreds, and yet no notice has been taken—no exertions have been made by those whose interest it is to look after her welfare, to bring this before the public, so that it might be satisfactorily inquired into, and its cause removed. This, Sir, is a state of matters which cannot and must not be allowed. A University which has produced as bright and illustrious names as ever adorned the pages of medical history, will not be permitted, for want of defenders, to remain any longer in this state, but if those who are more immediately concerned in her interests will look on in apathy and careless indifference, and unconcernedly behold her crumbling down before their eyes, other pens must be found to take up her defence. Sir, I blush to mention the cause of this retrogression in our Scottish Metropolitan University—a cause, despicable enough in idea, but which is not the less steadfastly working her destruction. If we are to have such men as at present fill certain of her medical chairs, who, completely incapacitated by old age from doing their duty, or, actuated by motives far less honourable, determinedly cling from year to year to all the advantages derivable therefrom, it will not surprise me to hear of her ruin some few years hence. In one word, if this continue—if these professors to whom I refer do not see their error soon and resign their chairs to those more capable of occupying them, the College of Edinburgh must go down, and be accounted amongst the things that were. It is to the immediate correction of this, and this alone, that we can look to her regaining her former celebrity; and although it may take many years to counteract the evil which a few have effected, yet I cannot despair of her ultimate success. Let me not, however, be understood as referring to all the chairs indiscriminately. Thank Heaven, we have yet names within her walls whose fame extends throughout the length and breadth of Europe; but even these, all-powerful though they be, will not avail when once the tide of adversity decidedly sets against her. It is high time, Sir, in these days when so many victims are sacrificed before the bloody shrine of quackery, that we should look to our interests, and bestir ourselves; for if we allow our colleges to be neglected, and the fountain-head of medical education to be poisoned, what is to become of those who are to follow in our footsteps? It requires no prophet to answer the question. I will extend my remarks no further, but conclude with a hope that this letter may meet with the attention it deserves in that quarter for which it is intended.—I am, Sir, your obedient servant,

THETA.

Edinburgh, January 14th, 1842

MEDICAL STATISTICS.

Deaths in the London Hospitals.—Separate Abstracts have been made of the causes of death in the London hospitals, namely—in the Charing-Cross, St. George's, Middlesex, North London, Westminster, St. Bartholomew's, London, Guy's, St. Thomas's, the Dreadnought, Greenwich, the Fever Hospital, and the Small-Pox Hospital. The number of persons who died in those hospitals within the year amounted to 2491, of whom 1729 were males, 762 females. Hospital cases have long been the principal basis of medical reasoning. While a comparison of the deaths in the hospitals with the total deaths in the metropolis will show that such reasoning is open to numerous fallacies, it will tend to correct its results, and will furnish a link of connexion between the two classes of facts. The Greenwich Hospital perhaps ought not to have been included in the Abstract; it raises disproportionably the number of deaths and diseases of old men. If the deaths from small-pox and typhus in the Fever and Small-Pox Hospitals were substracted from the deaths in hospitals, few cases would remain. Of 301 persons who died of erysipelas, 60 died in the hospitals. In many cases the erysipelas must have followed operations or accidents; and it will be observed that 390 of 1212 deaths by violence were registered in these institutions. Seven of twenty deaths from aneurism, thirty-one of seventy-three from hernia, seven of fifteen from diabetes, ten of twenty-seven from stone, forty-one of 123 from diseases of the joints, &c., seven of twenty-one from fistula, four of seven from purpura, fifty-one of 368 from carcinoma, took place in the hospitals. Cases are not admitted indiscriminately at the hospitals; and the family relations of the patients induce them, when labouring under the same disease, to seek admission at one age in greater numbers than at another.

Sick children remain at home under the care of their mothers; they would in general be refused admission at hospitals. The aged poor, with chronic maladies, go to the workhouses. Young persons without families, between the age of 15—30, often servants and immigrants from the country, resort in the greatest numbers to the hospitals, where one in seven deaths at that age are registered.

The deaths in the hospitals from consumption were 101 at the age 20—30, and thirty-eight at 50—60; but the deaths from this disease in the metropolis were probably not in the proportion of 101 to thirty-eight, but of 99·4 to 39·6. To obtain the deaths in the four intervening decennial periods, the deaths from consumption in the hospitals, namely, 101, 82, 61, 38, should be multiplied by 6·8, 8·4, 8·9, and 10·9; the products, or 687, 689, 543, and 414, divided by the population living at the respective ages, would give the mortality by consumption. Corrections of this kind are always required in attempting to determine the prevalence of diseases from the records of hospitals.

Diseases of Towns and of the Open Country.—The general principles connected with this subject have been discussed in the Appendices to your former Reports; and the circumstances were pointed out which, it is believed, increase the mortality in towns, cities, and dense populations of every kind. In table N, the results of the observations of two years (1838.9) are combined. The number of deaths by different causes in the metropolis, and twenty-four

of the principal town, or city districts, are contrasted with the deaths from the same causes, in counties containing a less dense population, chiefly engaged in agriculture. The table shows the annual mortality by each cause out of 1,000,000 living, and the relative excess in the town districts. The way in which the population, in the middle of the two years (January 1, 1839), was estimated, has been already explained. The population enumerated in 1831 was assumed to have increased at the same rate as in the ten years 1821-31.

The density of the country districts was to that of the towns as ten to 245, the mortality as 100 to 144. The mean duration of life, in the two classes of districts, differs nearly seventeen years; it is in the proportion of fifty-five years (country), to thirty-eight years (towns). The difference was greater than was given in the calculation founded on the facts observed in 1838; when the deaths in Bristol, Clifton, and Norwich, were (by error) not subtracted from the deaths in the counties of Gloucestershire and Norfolk. The mortality in the town districts, however, declined in 1839, more than the mortality in the country districts. As the population increases faster in the town than in the country districts, the difference in the mortality was greater than it is represented to be by these numbers.

The diseases, chiefly incidental to childhood, are twice as fatal in the town districts as they are in the country.

The deaths, by several diseases of old age, were almost equally numerous in the towns and the country. Asthma is, however, an exception.*

It must be borne in mind that the number of children and old people living in the towns is less than in the country districts; while the number of persons in the middle of life is proportionally greater in the towns than in the country.

The following diseases, occurring generally between the ages of 15 and 60, were from 25 to 50 per cent. more fatal in the town than in the country districts.

The tendency to consumption was increased 24 per cent.—to typhus 55 per cent., in the town districts; but as the absolute mortality from consumption is three times as great as from typhus in towns, and nearly four times (373). as great in the country, the excess of deaths by consumption, caused by the insalubrity of towns, is greater than the excess of deaths by typhus—a fact which has hitherto been overlooked. Thus, 24,094 deaths from consumption occurred in the country, 32,436 in the town districts; the excess amounted to 8342 deaths; 6402 deaths from typhus occurred in the country, 10,852 in the town districts; the excess amounted to 4450 deaths. The difference is more correctly exhibited by a comparison of the mortality from the two diseases.

The facts show the propriety of the ordinary medical advice to place persons of a consumptive habit in a pure atmosphere; but they militate against sending them to reside in the continental towns, in many of which the mortality is as high as it is in Bethnal Green and Whitechapel. Paramenia (mismenstruation), though rarely fatal, is a very common disease, and one which greatly embarrasses the medical practitioner. The facts in the table point out the utility of the country watering-places to patients afflicted with the complaint in cities. The excess of deaths by childbirth in the town districts is striking. Out of nearly the same number of deliveries, 909 mothers died in the country, 1560 in the town districts.

The tables, calculated upon the same principles as the corresponding tables in the appendices to former reports, show the immense difference in the salubrity of parts of the metropolis. It is gratifying to perceive that the mortality in the whole of the metropolis—but particularly in Whitechapel and the worst parts—had decreased in 1839. The weekly tables, up to the middle of 1841, show also a progressive amelioration, which may be expected, *cæteris paribus*, to proceed much more rapidly when the new streets and park shall be opened, and when the sewers, and streets, and the dwellings of the poor, are placed in circumstances which will secure more cleanliness and a moderate supply of pure air. The causes of the excessive mortality of towns are well known, and it cannot be too frequently repeated that they admit of removal to a great extent.

The mortality increases, *cæteris paribus*, as the density of the effluvial poison generated in cities, and not strictly as the density of the population. The indigence of the inhabitants, or an insufficiency of proper food—even when not carried to the extent of starvation or famine—has also a decided effect on the production of effluvial poisons, as well as on the tendency to diseases of every kind. Hence the mortality is not always greatest in the densest part of cities.

This principle explains the facts, that, although the mortality is increased 44 per cent. by the present condition of the towns in England,—where the proportion of town population is greater than in any other country in Europe, except Belgium,—the mortality of the nation has been much below the average during the whole of the present century; and, up to the present day, the expectation of life remains higher in England than in the rest of Europe. The industry and intelligence that have created flourishing towns have ameliorated, though not so rapidly as they might have done, the sanitary condition of the people.—*Report of Registrar-General.*

* Deaths in 1,000,000 living in the

	Country.	Towns.
Old age	2446	1922
Paralysis	333	334
Apoplexy	374	409
Asthma	183	645

EXTRACTS FROM FOREIGN JOURNALS.

For the 'Medical Times.'

FRENCH.

Extirpation of fibrous and cancerous tumours, followed by instantaneous death. By M. Godemer.—Case 1.—Pierre Thuau consulted me on the 3rd of February, 1837, for a tumour situated on the lower part of the right side of the neck. This tumour appeared to me of a cellular-fibrous nature. On the 15th, I extirpated it, assisted by two brother practitioners. A crucial incision was made, and the flaps easily dissected up. *The tumour was raised up several times, first to the right, and then to the left, so as to facilitate the division of the cellular tissue:* suddenly we heard a prolonged whistling sound, the patient was seized with a general trembling, and died.

Case 2.—Madame Morel had on the posterior part of the right side of the neck a small tumour, which by degrees acquired a considerable size; it was unequal, rugged, discharged an ichorous matter, and was the seat of lancinating pains. I proceeded to remove it on the 21st of June, 1838, in the following manner:—A circular incision being made, *the tumour was drawn from one side to the other*, for the same object as in the preceding case. At the moment that the tumour was separated from the parts to which it was intimately adherent, a *bruit* was heard, similar to that produced by the rushing of the air into an empty vessel, in which a vacuum had been formed. Madame Morel gave a piercing cry and died.

Case 3.—Mathurine Rancard was affected with a cancerous tumour on the neck, extending from the clavicle to the sixth rib, and from the arm-pit to the articulation of the second rib with the sternum. The removal was performed on the 8th of February, 1838: nothing remarkable occurred during the operation, which lasted six minutes and two seconds. At the moment when about to place the tumour on a table, the patient gave a deep sigh, and expired.

The autopsy showed, in these three subjects, similar lesions. In all, the vessels were found filled with blood; at the opening of these vessels bubbles of air mixed with the blood escaped. The heart was distended with a large quantity of air; the cavities of the heart were sound; the respiratory apparatus presented no lesion; the membranes of the brain were uninjected; the tissue of the brain itself firm and healthy.

These were evidently, as the author himself acknowledges, instances of death from the introduction of air into the veins; the result of the post-mortem examination place this beyond doubt. But, in the words of the Editor of the *Gaz. Med. de Paris*, although M. Godemer employed the usual remedies adopted in syncope and asphixia, as the introduction of the fumes of tobacco into the rectum and nasal fossæ, the irritation of the pituitary membrane, dry and ammoniacal frictions, the dropping of some ether into the mouth, pulmonary insufflation, &c., should not those especial preventive and curative means have been adopted, whose efficacy has been proved in these cases? Such as proceeding cautiously in operating near the heart, without giving those alternate movements to the tumour, or sponging away the blood; the principal veins between the heart and the wound ought also to be firmly compressed, and the patient recommended to breathe as gently as possible. All hope should not be abandoned even when the air is once introduced; if but a small quantity has found its way in, we should cover over the open end of the vessel with the finger, and forcibly compressing the chest, suddenly remove the finger from the wound to allow the escape of the air. If a large quantity has been admitted, we should try to draw it off by applying the mouth over the opening of the vein. We should also place the patient lying down in such a position that the opening into the vessel shall be directed upwards. It has also been proposed to apply temporary ligatures around the limbs.

A few remarks on Miliary Fever, and the affections to which it bears an analogy. By Dr. Chabrely.—Dr. Chabrely states, that while this fever was occasioning great alarm at *Périgueux*, and that many physicians of Bordeaux were preparing to render their assistance to the surrounding inhabitants who were attacked by this plague, the city of *Bordeaux* experienced an invasion of the same disease, but of a much less intense character. The first cases showed themselves at Bordeaux under the form of slight miliary fever, and were probably, confounded with other slight affections, and which in many instances were complicated, as is commonly the case, with other exanthematous fevers prevailing at the same time, as measles, scarlatina, &c., which frequently terminated in miliaria of an equally mild character. In two cases which were rather severe, M. Paul de Mignot derived much advantage from the employment of sulphate of quinine, thus confirming the practice adopted by MM. Boisseuil, Bouchard, &c., in the treatment of this disease, who have stated quinine to be the best remedy.

Sub-glottideal laryngitis; dysentery, measles, effusion of serosity into the pericardium and left pleura; death. By Dr. Marée.—A soldier, 24 years of age, and very emaciated, passing

through Nantes on leave of health, entered the Hotel Dieu, on the 9th of March, 1841, affected with cyanosis in his face, lips, hands, and wrists; his voice was feeble and hoarse, and he was affected with slight dyspnœa. Nothing could be ascertained of the previous history of the disease, and on the next day the measles appeared over his whole body, in the form of blueish lenticular blotches; he had during the three preceding weeks laboured under a diarrhœa, but unattended with colic. On the 16th the eruption had disappeared, but the diarrhœa remained; on this day the patient experienced an acute pain on the outside of the left breast; the respiration was obscure on this side, and there was cough (a large blister was applied over the painful point). On the 18th, 19th, and 20th, the bronchi and treachea were stuffed with mucus, which was expectorated with great difficulty; the diarrhœa was lessened, and the whole body covered with a furfuraceous eruption: 21st to the 27th, the symptoms continue the same; cough, with difficulty of expectoration, fever, progressive debility of the patient, and diminution of all the functions; augmentation of the cyanosis, constant hoarseness of the voice, ending in a total loss of this function. Died on the 28th of March.

Autopsy.—Larynx: At the upper extremity of each vocal chord, two round spots were observed of the size of a quarter of a franc, with a small opening in the centre of each, forming a communication on each side with a cyst, at the bottom of which was perceived the articular surface of the cricoid cartilage denuded of its synovial membrane as well as perichondrium, and in a perfect state of necrosis. Each of these cysts might have contained a small nut; they were perfectly isolated, occupied the same relative position, and were lined in their interior with a pseudo-membranous layer of a greyish colour, friable, and slightly impregnated with pus. In the rest of their extent, the vocal chords were sound, but evidently more relaxed than in the natural state. The pericardium contained a glassful of a yellowish serosity, and some white flakes towards the base of the heart. The left pleura was lined by prominent and very firm false membranes. The left lung was infiltrated with a frothy serosity, and presented in its upper lobe an abscess as large as an egg, surrounded with red induration, and bronchi injected with pus. The peritoneum contained some purulent fluid in its most depending part. The colon presented a number of rounded ulcerations, some of which had perforated nearly through the intestine, and were probably the cause of the peritonitis. Spleen somewhat softened, and triple its natural size.

The author thinks that he may draw the following conclusions from the above facts, and which seem to cast some light on the general history of this affection:—1st, That it is always encountered along with some morbid conditions which must have more or less deeply affected the constitution; so that while preserving its interest and individuality as a mild and circumscribed affection, sub-glottideal laryngitis may be a formidable symptom of a deeply-rooted morbid diathesis, especially of a purulent one. 2ndly, Sub-glottideal laryngitis, developed in the course of grave diseases, probably originates in organic disease of the larynx; for in five subjects attacked with it, it was proved that three were habitually subject to hoarseness, as well as a greater or less alteration in the sound of the voice. 3rdly, From the autopsies which have been made, it is proved that laryngitis may assume two well-defined anatomical forms, the ulcerous, and the inflammatory. In the first, the inflammation originates in the mucous membrane, and is progressively propagated through the sub-mucous tissue to the cartilages and articulations of the larynx; in the second the pus is formed in the midst of the submucous tissues, and the inflammation progresses from the centre towards the circumference. 4thly, Certain cases of aphony and hoarseness of the voice, arising suddenly in the course of a grave disease, typhoid or eruptive, and being able to be traced to a commencing irritation in the crico-arythenoid regions, have disappeared or remarkably diminished under the influence of repeated applications of blisters on the throat.

THE STUDENTS' NOTE BOOK.—FASCICULUS IV.

BY ANATOMICUS.

Anatomy.—the Brain: (continued.)

Base of the Brain.—First, you observe the division of the hemispheres into anterior, middle, and posterior lobes; the anterior lobes rest on the orbital plate of the frontal bone, and on the lesser wings of the sphenoid, the middle lobes on the greater wings of the sphenoid, and on the upper surface of the petrous portion of the temporal bone, and the posterior on the tentorium, and in the superior fissure of the occipital bone.

Secondly, you observe fissures separating these lobes; the anterior lobes are separated from each other by a continuation of the fissura magna, into which the falx cerebri is reflected to be attached to the crista galli: sinking into this fissure, you observe the *anterior cerebral arteries* from the internal carotid; they first communicate, and this communicating branch completes the circle of Willis in front, and upon it the ganglion of Ribes is placed; they then ramify in the pia mater, and terminate in the arteriæ callosæ; the anterior and middle lobes are separated by the fissure of Silvius, which corresponds to the posterior edge of the alæ minores; emerging from this fissure, you observe one of the roots of the olfactory nerve, and sinking into it the middle cerebral artery; the middle and posterior lobes are separated by a superficial groove formed by the posterior cerebral artery, a branch from the basilar, and called the fissure of Rieo.

Thirdly, you observe the arachnoid most distinctly where it is reflected from one lobe to another, and especially around the infundibulum. Tracing the parts from before backwards, you observe first the olfactory nerves which converge, and are apparently embedded in the under surface of the anterior lobes, and covered by the arachnoid; behind this is the optic commissure, where the optic nerves partially decussate on the olivary processes of the sphenoid bone; behind this you observe a grey substance, called the *tuber cinereum*, through which the infundibulum descends from the floor of the third ventricle to the pituitary gland lodged in the sella turcica; behind this you observe the *corpora albucantia*, sometimes called pisiformia, from being about the size of a pea, in which the anterior pillars of the fornix terminate; behind this is the locus perforatus, or pons Tarini, where vessels pierce the substance of the brain; on either side of this are the crura cerebri, converging to pass under the pons varolii, and to be continued into the pyramidal bodies, and to the anterior columns of the spinal chord; and apparently arising from the inner edge of the crura cerebri, you observe the *third pair* of nerves. The parts described are inclosed in the circle of Willis, which is not round, but a lozenge-shaped space; behind this is the pons varolii, the great commissure of the cerebellum, formed by the crura cerebelli above, and the crura cerebri below; as the brain is turned upwards, crossing the centre of the pons, is the basilar artery, with the *sixth pair* of nerves on either side; behind all is the medulla oblongata, resting on the basilar process of the occipital bone and dividing into pyramidal, olivary, and restiform bodies.

Development of the Brain.—The anterior, or larger columns of the spinal chord, are columns of motion; the posterior columns are sensitive, as Majendie proves by experiments; the anterior or motor are continued above into the pyramidal bodies, from thence the fibres pass underneath the pons varolii, and are continued in the crura cerebri, there they pass through, or in contact with grey matter in the centre, receiving an addition of medullary fibrillæ; they then pass through, or in contact with the grey matter of the corpora striata and optic thalami, still receiving new accretions of nervous matter, on which account these bodies are called the ganglia of increase, and these fibres ultimately diverge into the anterior and middle lobes of the cerebrum.

The posterior or sensitive columns of the spinal chord are continued above into the restiform bodies, from thence into the cerebellum where these fibres diverge, while the fibres from the olivary bodies (placed between the pyramidal and restiform bodies) are continued likewise through the *pons varolii;* a few of the posterior fibres diverging are continued into the corpora quadrigemina, while the anterior crowd of fibres are continued into the posterior lobes of the cerebrum.

The first pair of nerves arise by three roots, (two cincritious and one medullary,) from the fissure of Silvius, and from one of the posterior convolutions of the anterior lobes, and the perforatus anticus; they pass forwards and inwards, grooving the under surface of the anterior lobes of the cerebrum, and on the cribriform plate of the ethmoid they form an oblong bulb of a reddish grey colour, from which three sets of fibrillæ descend in the nose, an internal sent to the septum, an external one to the walls, and a superior one to the roof of the nose. There are several peculiarities to this nerve; first, they converge; second, they are embedded in the under surface of the anterior lobes; third, they have no fibrous covering from the dura mater; fourth, they are triangular; fifth, they arise by three roots; sixth, they terminate in an oblong bulb.

Second pair of nerves arise by two roots from the corpora quadrigemina, and are attached to the corpora geniculata on the under surface of the optic thalami; they sweep over the crura cerebri, forming the tractus opticus, and on the olivary processes of the sphenoid bone they decussate to form the optic commissure, (the inner are said to decussate,) the external to pass onwards in their original direction, then they diverge and emerge through the optic foramen, having the ophthalmic arteries inferior and external to them; they then pierce the sclerotic coats of the eyes (a line internal to the axis of the eyeball, but in the axis of the orbit) in a cribriform manner, and expand to form the nervous coat of the retina, which terminates in a line behind the ciliary ligaments, the arteria centralis retina entering the substance of the nerve.

Third pair of nerves, supplying five of the muscles of the orbit with their motor power, arise apparently from the inner edge of the crura cerebri, but you can trace their fibres through the grey matter in the centre of the crura cerebri, under the pons varolii into the motor tract; they pass through the outer wall of the cavernous sinus, lying highest up of the nerves there; they then enter the orbit through the sphenoidal fissure, dividing into two branches; the superior or smaller branch, passing between the two origins of the external rectus, supplies the levator palpebræ and superior rectus. the inferior or larger branch supplies the inferior oblique, and the inferior and internal rectus, and the twig going to

the inferior oblique communicates with the lenticular ganglion.

Fourth pair of nerves is also motor, and Sir C. Bell makes it the highest nerve from the respiratory tract; it arises from the valve of Viens-sens, which forms the roof of the fourth ventricle, and from the *processus a cerebello ad testes*, it is the smallest of the cerebral nerves, and appears to consist of a single fibrilla of nervous matter; it winds round the inner edge of the tentorium and passes through the outer wall of the cavernous sinus, below the third, and above the ophthalmic branch of the fifth; it then enters the orbit, through the sphenoidal fissure, and mounting up above all the other nerves, supplies the superior oblique; if you raise the posterior lobes of the cerebrum, you see it winding round the tentorium.

CHOREA SANCTI VITI.

By J. B. THOMPSON, A.B., M.D.; &c.

For the 'Medical Times.'

Two Cases, with Observations—Peculiarities—Causes—Treatment. Utility of "Secale Cornutum" or "Ergot of Rye"—in "Chorea"—"Paralysis pictonum," and "Tremens" or "Agitans" of elderly people.—Improved mode of administering this medicine.

Case I.—I was called some time since to see an interesting girl, ætat. 6, who had suffered from this disease for six weeks. She was of a scrofulous diathesis, and affected with worms. I tried mild emetic and aperient medicines at first, and afterwards put her on the hydrargyrum c. creta powders with the pulvis sennæ and scammoniæ, and allowed her a very nutritious diet, not exciting or stimulating; she had the disease in a very marked form, principally confined to the left arm and leg, and was generally seized with it in the afternoon. The circulation was not much engaged, unless during the paroxysm, which seldom lasted longer than twelve or fifteen minutes. Attributing the disease to the presence of worms, with the constitutional affection above alluded to, I attended principally to the improving the general health, removing the exciting cause, which afterwards proved to be the worms, for when oil of turpentine was given, large quantities of slimy, muco-purulent like collections of darkish coloured stuff was passed, and in this were observed at each stool, often in considerable numbers, the kind of worms present in the intestinal canal. This treatment was continued for about a fortnight, when a more tonic plan was pursued, occasionally returning to the powders and turpentine. The child eventually got well, and has not had any return of the disease for the last twelve months; is considerably improved in her general health.

Case II.—The next case is one of more interest, as it occurred at a more advanced period of life, and in which a somewhat different and more complicated treatment was requisite. It occurred in a lady, ætat. 16, of leuchophlegmatic temperament, who had laboured under it for eighteen months previously to my seeing her, and was under the care of the family medical man, who had tried the usual plans suggested, namely, emetic, aperient purgatives, emmenagogues, &c. In this case the right arm and side were affected, and occasionally the muscles of the neck and of deglutition became engaged during the attack, which often recurred twice in the twenty-four hours, and lasted sometimes nearly from twenty minutes to half an hour, during which time the arm would be tossed across the chest, and the leg involuntarily shook about in a manner most ludicrous, but painful to witness. I directed *alternately* the infusions of quassia, colombo, and gentian, with carbonate of soda, occasionally giving an aloetic and myrrh pill. After the prima via had been well and freely cleared out, I ordered warm hip-baths, and directed some leeches to the sacrum; I tried the carbonate of iron, in powder. This line of treatment was pursued for nearly three weeks; there evidently was an improvement; the attacks were become less frequent and milder; still they continued, and there was no apparent tendency to the catamenia, to the absence of which we attributed, in this case, the disease. It was at this period that I was induced to recommend the "secale cornutum," in the following manner, which I consider preferable to the usual mode of giving it. I directed a drachm of the recently powdered ergot to be infused in three ounces of water boiling temperature, and allowed it to infuse for twenty-five minutes; and then adding to this a little new-milk, which I think makes it more palatable, and less likely to be rejected or disagree with the stomach, a frequent result when given by way of powder. This was directed to be taken as follows, viz., a dessert-spoonful to be taken three or four times in the day for a few days, dropping off for a day or two, and giving the tonic medicines before alluded to. I gave the sulphate of quinine in Madeira wine, and think it a good way of giving this medicine. After pursuing this practice for some ten or twelve days, I was informed that there was a slight appearance of the catamenia; but whether this is attributable to the "ergot of rye" or to the previous treatment, or both, I cannot take upon me to say. The young lady eventually got well, and has not had the least appearance of this affection for the last two years, and has now a healthy, good, general constitution.

HOSPITAL REPORTS.

CASE I.—CONCUSSION, AND CONSEQUENCES ATTENDING IT.

Robert Sims, æt. 12, admitted May 17, 1841, under Mr. Hawkins.—Partially insensible, having just recovered from a state of collapse, arising from his being kicked by a horse upon the posterior part of the cranium; had frequent vomiting previous to admission. On examination a wound is seen to exist upon the posterior part of the scalp, and also a slight abrasion on the right side of forehead; pulse weak, but gradually rising; countenance pale.

18. Ten a.m. Great prostration during the night from frequent vomiting; complains of great pain in head; hot skin; tongue white; pulse hard; pupils much dilated, but iris acts on stimulus of light; v.s. ad ℥vj.—R. pulv. antimon. g. iv.; hydrarg. chlor. gr. iij., s. s.; haust sennæ, post horas iv. Fever diet.

Two p.m. Pain in head somewhat better; softening of pulse; less dilatation of the pupil; blood presents no buffy coat; bowels freely open.

19. Does not complain of much pain in head, but the wound appears sloughing; countenance heavy; pulse quiet; tongue clean; app. cataplas. Broth diet.

20. Discharge from wound rather abundant; pulse not quite so regular as yesterday.

21. Tongue not so clean as heretofore; discharge free, but foul; omittr. cataplas.

25. Bowels yesterday were confined; ordered calomel, gr. iij., s. s.; haust. rheii. ℥jss., man.; tongue clean; pulse quiet, and easily compressible.

26. Complains of pain in head; heavy countenance; bowels open.

28. Pain of head increased since last report; bowels confined; repr. haust. and pil.

30. Decrease of pain; bowels open; pulse quick; tongue cloudy.

31. Pulse increased to 104; very weak; tongue foul; experienced slight rigors during the night, with return of pain in head; œdema around the wound; the bone was found to be exposed for some distance, after an incision had been made down to the bone; omitr. haust., et R. hydrarg. chlorid. gr. iss.; pulv. opii. gr. one-sixth; 6tis horis. Beef tea.

Six p.m. Much the same.

June 1. Contraction of the muscles of the mouth to left side; had several convulsions during the night, and frequently wandering; countenance pale; heat of skin; pulse increased to 135; wound presents an inflammatory appearance.

Six p.m. No relief, but now complains of pain in the knee.

2. Passed a restless and disturbed night; delirious; pulse continues about the same, 135; talks incoherently; wound discharges freely, less œdematous; pain yesterday referred to the knee, is now carried upward to the hip; tongue rather foul.

Six p.m. No difference.

3. Rather better, inasmuch as he passed a pretty good night, and is not delirious; countenance pale; tongue foul; pulse weak, very thirsty; complains of pain and tenderness in the inguinal region; appli. totu inguini.

Six p.m. Much the same.

4. Cadaveric hue; considerable enlargement in the groin, with increase of tenderness, but decrease of pain; tongue dry, discoloured; pulse quick, very weak.

5. Return of rigors; swelling increased in size; countenance anxious; tongue brown; bowels open freely.

Six p.m. Gradually losing power.

6. Increase of loss of power; stertorous breathing; pulse very rapid.

7. Died this morning early.

Post-mortem appearances 30 *hours after death.*—Upon removing the scalp, considerable abrasion of the pericranium had taken place in the neighbourhood of the wound. On removing the cranium, a deposit of matter existed on the dura mater, at the junction of the lamboidal, with the sagittal suture, continuing itself some way in the longitudinal sinus. Some pus and serum escaped from the fostering part of the hemispheres upon the removal of the dura mater. It also existed in the fissure separating the hemispheres. A fissure, extending from the protuberance to the foramen magnum, was observed in the occipital bone. This was much more distinct upon the vitreous table of the bone. Some purulent deposits were observed in the substance of the dura mater. The longitudinal sinus appeared inflamed, and contained pus. *Inguinal Region.*—The femoral vein of the left side contained pus and lymph, which also existed in the hip-joint. The cartilages of the joint were not, however, apparently affected. Separation of the periosteum round the neck of the femur. Viscera were all healthy.

Remarks.—The diagnosis, in this case, was concussion, inasmuch as the symptoms of compression did not present themselves until after the first ten or fourteen days, arising from inflammation, which was found to exist upon examining the body after death, thereby causing the effusion of lymph. The collapse not being very great, severe reaction did not follow, and one bleeding was deemed sufficient, followed by mercurial purgatives.

This is one of those instances which excites great suspicion that inflammation of the brain, or one of its membranes, is likely to supervene, when preternatural slowness of the pulse continues. In other cases, however, the irregularity of the pulse depends upon weakness—viz., the action of the heart is lessened, arising from some disturbance in the brain, and therefore the

slow and weak pulse continues until the brain receives sufficient stimulus.

UNIVERSITY OF LONDON.

Examination for honours of Candidates who obtained the degree of Bachelor of Medicine, in 1841:

(The names are arranged in the order of proficiency.)

Physiology and Comparative Anatomy. — John Phillips Potter, (Scholarship and gold medal) University College; E. A. Parkes, (gold medal) University College; J. B. Carlill, University College; J. D. Heaton, Leeds and University College; W. W. Gull, Guy's Hospital; W. Way, University College.

Surgery. — J. P. Potter, (Scholarship and gold medal), University College; J. B. Carlill, University College; W. W. Gull, Guy's Hospital; W. Way, University College; G. H. Noyes, Guy's Hospital.

Medicine. — C. B. Sewell, (Scholarship and gold medal), University College; D. J. T. Francis, (gold medal) Guy's Hospital; E. A. Parkes, University College; W. W. Gull, Guy's Hospital; J. D. Heaton, University College.

Midwifery. — W. Way (gold medal), University College; G. H. Noyes, Guy's Hospital.

Structural and Physiological Botany. — J. D. Heaton (gold medal), Leeds and University College; J. B. Carlill, University College.

MEDICAL NEWS.

London Royal Medical and Chirurgical Society.—January 11th, 1842. Dr. Williams, President.—There were a few papers read, but the one most deserving of interest was that of Dr. Bostock, the well-known physiologist. It was a paper on the peculiar character of Typhus Fever. He introduces the subject by describing this fever into three different kinds, namely, the asthenic, cephalic, and gastric, giving the symptoms indicated in each, and the mode of treatment: he marks the difference between the treatment of fever now-a-days, and what it was some fifty years ago, when he was in Liverpool at the same time that the late distinguished Dr. Currie tried his system of cold effusion with comparative success.—Dr. Bostock says, that in those days wine was the grand panacea; in fact, the cases were looked upon as cured, if the patients could only be got to take the wine in sufficient quantity. He also alludes to the medicines called febrifuge, and speaks of them rather slightingly. —Dr. Mayo said, that though he was aware he stood on dangerous ground when he differed with Dr. Bostock, still he thought he made too little of what he called febrifuge medicines.— "It is, I think, clear," said Dr. Mayo, "that in our practice at the present day, we derive very considerable benefit from this class of medicines, as well as from the saline plan of treatment introduced by Dr. Stephens."— A debate resulted as to the origin of typhus fever. Liverpool was stated to be one of those towns most subject to this epidemic.—Dr. Gregory said, that he believed we were as yet in the dark as regards the source or origin of typhus; but he observed, that in all large and densely-crowded places, this epidemic was more apt to exhibit itself than elsewhere. He also said it was a remarkable coincidence as regards the prevalence of typhus fever and variola, when one was general the other was also very much so. All large towns, particularly those in low marshy places, on the banks of rivers, such as Glasgow, Edinburgh, Dublin, were generally liable to visitations of this epidemic.— Some gentleman, name unknown, said, that he did not believe in this fever being contagious; but if healthy persons were put into apartments where fever patients were, they no doubt would be apt to get the fever. He did not consider this should be deemed a proof of the contagious nature of this disease.—A case of stricture of the trachea, from Mr. Worthington, was communicated by Dr. Copeland. Mr. W. thought the stricture resulted from the existence of syphilitic sores in this structure. Some years before, the man laboured under it for five years, and at last died suddenly from something he was eating going into the glottis. There was no attempt at tracheotomy, though this seemed a favourable case for its being tried.

Royal Jennerian and London Vaccine Institution.—The annual meeting of this institution took place at the George and Vulture Tavern, Cornhill, and was attended by Dr. Epps, Mr. Davis, Mr. Raid, Mr. Henry, and several other governors. The Chair was taken by Robt. Elwin, Esq., when the report was read, from which it appeared that the committee had carefully watched the effects of the Vaccination Acts, and found that, notwithstanding its facilities for parochial vaccination, the same imperative necessity for this institution remained, the numbers vaccinated during the year having been 6,890. The board of management had made an application to the parishes and unions for pecuniary aid, but it was stated in reply, that their demands were not within the scope of the Act of Parliament. An appeal had also been made to the poor-law commissioners, who returned an answer on the 9th of December, in which they admitted the advantages of the establishment, but thought it had no claim on the parochial funds. Letters were read from Dr. Murray of Trinidad, the representative of New Granada in this country, and from other places in the four quarters of the world, which testified the efficiency of the *virus* supplied by the institution. The receipts of the year amounted to 500*l.* only, leaving the institution encumbered with a debt of 220*l.*, which it was hoped a benevolent public would shortly extinguish, considering that the institution, since 1806, has vaccinated 174,000 patients, and sends the *virus* to all quarters of the globe. The report was adopted, and Dr. Serny was elected in the place of Mr. Cordell, the late Medical Secretary.

South London Dispensary.—A question of interest to the medical profession has been raised relative to the office of surgeon to the above institution. At the last annual meeting the situation was declared vacant, for which two candidates were put in nomination, Mr. John Teavan, of Princes-place, Kennington-cross, and Mr. Taylor, Clapham-road. The former gentleman polled a majority of 50 personal votes, exclusive of a large number of proxies. Mr. Taylor's supporters objected to Mr. Teavan's election, alleging that he was ineligible, one of the by-laws incapacitating any person who retailed medicine, and a person was called to prove the purchase of an ounce of castor oil at Mr. Teavan's surgery. In reply to the objection, it was urged that Mr. Teavan's surgery is detached from his dwelling-house, and not to be considered as a shop for the sale of drugs in the ordinary acceptation of the term. Mr. Meymot, one of the governors, who presided, being of opinion that the objection was untenable, Mr. Teavan was declared duly elected, and commenced his duties. Mr. Taylor and his friends entered a formal protest against this decision, and the protest was referred to Mr. Capper, of the Home Office, who is Chairman of the board of governors and treasurer to the institution, who held that the by-law was imperative—that the sale of drugs in the manner described amounted to a disqualification for office, and consequently that the election was null and void.

Abstraction of Dead Bodies.—On Friday last, a general meeting of the guardians of the parish of St. Marylebone took place in the board-room of the workhouse, New-road, for the purpose of considering the report of a committee appointed in November last, with respect to the dead bodies of paupers sent, under the orders of the inspector-general appointed under the anatomy act, to various medical schools for anatomical examination. — Mr. Rathbone having been appointed to the chair, a letter was read from the solicitor of Mr. Foster, a medical gentleman, praying to be furnished with all the documents in the possession of the board, the subject having been taken up by the secretary of state for the home department, and a commission appointed to investigate it, before whom he would have to appear by counsel. Mr. Thorne read the report of the committee, which referred to the regulations adopted by the board with respect to the disposal of bodies of paupers under the anatomy act. The committee, on instituting inquiries, found that up to the 28th November, 1839, forty-six bodies had been properly removed. Since that period eight bodies had been removed, none of which had been returned. On the 24th of November last, the committee had been attended by Mr. Foster, a vestryman, who stated he had charges to make against the medical officers and master of the workhouse, as well as Dr. Somerville, the inspector of anatomy, and particularly with respect to the body of Elizabeth Stevens, her body being sent out for dissection within twenty-four hours after death, to the Kinnerton-street School, in defiance of the anatomy act, which prescribed forty-eight hours. The committee found that the subject was removed forty-four hours after death, and four less than the act required. Mr. Foster further stated, that the body of William Adamson was sent out minus the head, thorax, and abdomen. The committee find that a coroner's inquest had been held on this body, its head having been examined, the anatomical meaning of the terms "no head, thorax, and abdomen," being that these parts already examined were, anatomically speaking, of no further use to a teacher. The report, in conclusion, stated that the master of the workhouse had not been sufficiently careful in carrying out the regulations of the board, particularly in allowing twenty-eight bodies to be returned, without provision being made for the remainder of the expense of the funerals, and also allowing the last eight-mentioned bodies to be interred at Globe-fields in unconsecrated ground. Although such irregularities had taken place, *the committee congratulated the board that they could not again occur, an order having been made prohibiting any more bodies being given up for the purposes of anatomy!!* Mr. Foster now said, in consequence of the charges he had made with respect to a subject which was of such vast importance to the public and to science, the secretary of state had thought proper to appoint a commission to investigate it, and Dr. Somerville, the inspector of anatomy, had employed counsel, and therefore it was imperative on him to do the same, as the question was to be conducted upon the dry spirit of the law. He had come forward from no private or party motives, and he therefore hoped the board would not stand in the way of public investigation. The report of the committee having been adopted, the Rev. E. Scobell, with regard to the disposal of the bodies in the ground at Globe-fields, should like to know in what position the board were to stand; whether or no they were, as it were, to be put upon their trial before the ecclesiastical commissioners? Mr. Foster said, the board could not possibly be implicated in the question, as the disposal of the bodies had taken place contrary to their regulations. It, however, embraced the conduct of the guardians of the Kensington Union, of the parishes of Shoreditch, St. Mary, Lambeth, and others, under

the poor-law, as well as the administrator of the anatomy act. There was a slight error in the report of the committee, but which would be very material before the commissioners. In the case of Elizabeth Stevens, the report made the delivery of the body on the 23rd of December, whereas the certificate of the Kinnerton-street School he had seen, showed that it was not received there till the 24th. The fact was, that instead of being sent direct to the Kinnerton-street School of Anatomy, *University College had first the benefit of it, that institution being made a species of depôt for subjects.*

[We have here accidentally springing into light another instance of the mischievous working of the present anatomy act. Can anything be more mean-spirited or opposed to science than the practice of this wealthy parish in shirking the expense of burying its paupers and throwing it on the medical pupils of the metropolis; or anything more unjust than to limit the supply of subjects for all the old deserving schools of the metropolis to the rejections of a school comparatively of yesterday? The Globe-fields burial-ground is a place in Stepney parish, where a clergyman of the Church of England never placed foot, we suspect, since its enclosure. There is no doubt that hundreds of subjects are annually interred there at an expense averaging nearly three pounds each, a sum which, while ruinous to science, is little less than a cruel extortion on the deserving students who really wish to acquire a practical knowledge of their profession. Anything more barbarously absurd than the concluding resolution adopted by the Dogberries of Marylebone prohibiting "any more bodies to be given for the purposes of science," it would be difficult to find, except perhaps the absurdity of the legislators—Mr. Clodius Wakley in the number—who gave them the discretionary power of perpetrating unquestioned such bigotted and dark-aged *bêtises*. In connection with this subject, it gives us much pleasure to communicate that an honourable member has undertaken to introduce an amendment of this deplorably defective measure in the approaching session of parliament. We hope shortly to have leave to give his name publicly.—Ed.]

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths from all causes registered in the four weeks ending Jan. 8, 1842.

	Dec. 18th	25th	Jan. 1st	8th
Small-Pox	5	4	3	5
Measles	22	35	45	37
Scarlatina	18	10	12	8
Hooping-Cough	47	46	76	56
Croup	11	12	17	6
Thrush	3	3	2	3
Diarrhœa	4	4	4	3
Dysentery	3	1	3	2
Cholera	—	—	—	—
Influenza	1	—	1	2
Typhus	28	25	22	18
Erysipelas	3	1	9	4
Syphilis	1	—	—	—
Hydrophobia	—	—	—	—
Diseases of the Brain, Nerves, and Senses	124	128	158	143
Diseases of the Lungs, and Organs of Respiration	269	250	300	318
Diseases of the Heart and Blood-vessels	17	20	30	25
Diseases of the Stomach, Liver, &c.	54	48	65	73
Diseases of the Kidneys, &c.	3	5	6	5
Childbed	1	7	9	6
Ovarian Dropsy	—	—	1	—
Disease of Uterus, &c.	2	1	4	2
Rheumatism	1	1	1	—
Diseases of Joints, &c.	2	4	2	3
Ulcer	2	2	3	—
Fistula	—	—	—	—
Diseases of Skin, &c.	1	—	1	1
Diseases of Uncertain Seat	88	94	132	140
Old Age or Natural Decay	60	68	82	72
Violence, Privation, or Intemperance	24	19	41	40
Causes not specified	—	7	8	4
Deaths from all Causes	794	795	1037	971

Fire.—A fire occurred at St. George's Hospital on Tuesday afternoon. A strong smell of gas having been perceived about two o'clock in the afternoon, search was made with a candle, which had the effect of igniting a quantity of gas that had escaped from some place into a part of the building beneath the staircase. Immediate means were taken to cut off the communication from the street-pipe, and this having been effected the danger was soon subdued, and confined to the spot from whence it first originated and a portion of the staircase.

APOTHECARIES' HALL.

List of Gentlemen who received their Certificates on Thursday, January 6th, 1842:—

H. J. Brown, Hampton Court, near Evesham, Worcestershire; E. Turner, Sherbourne, Dorset; William Player, Moorend, near Bristol; John Bowie, Bristol; C. P. Bates, Huntingdon.

Thursday, January 13th, 1842.

Daniel Wheeler; Panks James Wigginton; George Robinson; Thomas John Starling.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members on Friday, January 14th, 1842:—

Frederick Eldridge; Henry Budd; Henry Kindall; William Orlando Markham; William Mercer; William Leopold Metcalfe; Frederick Howe Hale; Richard John Prekham; Robert John Spitta; Silas Stilwell Stedman.

NAVY.

Promotions.—Surgeons, Dr. A. S. Allen, to the Powerful; Sir John Hamell, to the Vindictive, ce Allen, Assistant; C. C. R. Kinnear, to the Howe; Dr. Thomas Graham, to the Warspite; John Luffan, to the Rapid.

Obituary.—John Calvert, M.D., and member if the learned societies of Europe. He died at Falmouth, whither he had gone on his way to Madeira on his birthday, in the 40th year of his age.

ADVERTISEMENTS.

ON TUESDAY, Febuary 1st, MR. SCOFFERN will commence his usual course of private Instruction for the Universities, preparatory to the Degrees of M.B. and M.D.

For other particulars, apply personally or by letter to Mr. Scoffern, at the Aldersgate School of Medicine.

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COURSE OF LECTURES ON PNEUMONIA.

Delivered in the Hospital of La Charité, by Professor CHOMEL.

LECTURE VIII.—CHRONIC PNEUMONIA.

Anatomical lesions of chronic pneumonia, independent of all other lesions of the pulmonary parenchyma.—If we consider the frequency of acute pneumonia of an extended form, we shall have every reason to be surprised at the extreme rarity of this form of pneumonia, in the chronic state. During sixteen years that I have in a particular manner devoted myself to the study of morbid anatomy, and though I have each year assisted at the opening of at least 200 bodies, I do not remember more than twice to have found a lesion of the lung, which has appeared to me to constitute a chronic pneumonia. Laënnec does not cite any example of such a lesion, and his article on this subject commences with the following words—"Are chronic peripneumonias ever met with?" It appears that the authors, who have admitted this affection as being very frequent, have taken chronic pleurisies, during life, for chronic pneumonias, and upon the dead body those tuberculous and scirrhous degenerations which are met with in the lung, and perhaps also acute inflammations of this organ. The case reported by Bayle, under the title of chronic pneumonia, might merely have been an acute pneumonia supervening in the course of chronic pleurisy. In fact, the lungs of this subject were found adherent to the ribs by false membranes of two lines in thickness, and of an exceedingly firm consistence, and the right lung was reddish, and almost as dense as the tissue of the liver. The disease had lasted three months and a half, the alteration of the pleura was such as is caused by chronic inflammation; the lesion of the lung, on the contrary, was similar to what is always observed in acute diseases of this viscus. Still it is important to remark, that this case of Bayle is regarded by M. Andral as a well-marked case of chronic pneumonia; and that M. Bouillaud partakes also of this view. This difference of opinion will appear less surprising to the reader, when he reflects on the brief manner in which this case is reported. Chronic pneumonia, truly so called, consists in a grey induration of the pulmonary parenchyma, which is dense and impermeable to the air; but we may still discover some small spots formed of the black pulmonary matter, the blood-vessels, and some whitish lines, resembling the cellular partitions of the lobules, but not offering the granulations which are observed in acute pneumonia. If we press a lung affected in this manner between the fingers, it possesses more resistance than when in the hepatized state, and especially than when infiltrated with pus; a small quantity of serous matter exudes under this compression, but the lung loses but little of its size. Moreover, this lesion does not prevent our recognising, in the affected portion of the lung, the texture of this viscus: in this respect grey induration resembles the *phlegmasiæ*, while in organic diseases the tissue of the parts is so much altered, that it is quite impossible to distinguish it. In the two cases which came under my observation, the alteration was limited to a fourth or a fifth of the lung. In another patient who died on the 24th day of the disease, the tissue of the two inferior thirds of the left lung was of a reddish grey colour, heavier than water, and devoid of friability, so that it required great force to push the finger into it. In this patient we found large purulent collections in the substance of the parietes of the pharynx and stomach; another collection of the same nature was seated on the convex surface of the spleen, in a pseudo-membranous cavity. This individual had laboured under erysipelas of the face, neck, and trunk.

Grey induration of the lung, although very rare in the adult, appears much less so in the infant; in fact, M. Tonnellé speaks to having observed many cases in which pneumonia terminated fatally, after having existed four or five months, or even longer. At the autopsy, some portions of the lung were found solid, impermeable to the air, sometimes of a rose colour, sometimes greyish, and of such density and resistance, that it could with difficulty be crushed under the finger. On cutting into the lung, the orifices of the ultimate divisions of the bronchi appeared patulous, and somewhat thickened; the incised surface was uneven, granulated, and so dry that no liquid exuded on pressing the tissue between the fingers, or scraping it with the back of a scalpel. In some of these cases there were no tubercles, but in others there were found in the midst of the diseased tissue some isolated miliary tubercles, as well as small yellowish *striæ*, which appeared to be the original affection. These observations of M. Tonnellé are in opposition to the researches of MM. Rilliet and Barthez, on the chronic pneumonia of infants. These authors affirm, that they have never, at this age, met with any alteration which could be considered as characteristic of this affection, unless we consider as such the state which they describe under the name of carnification, and that greyish yellow colouration, noted by M. Delaberge as indicative of the passage to the chronic state, which appears to them insufficient for characterizing this condition. In the form of chronic pneumonia, which we have just been describing, certain elements which enter into the composition of the lungs, and which in the normal state are scarcely distinct, acquire, under the influence of a slow or prolonged inflammation, a degree of development which magnifies and unveils them to the eyes of the anatomist; thus in the lungs of those who have laboured under chronic inflammation of this organ, Drs. Hartz and Stokes have discovered a fibrous membrane, peculiar to these organs, and which entirely surrounds them. It is this membrane which is so well marked in the elephant, that it has received the name of the *membrana propria* of the lung in this animal. This membrane, situated between the visceral layer of the pleura and the pulmonary tissue, although endowed with great strength, is in the sound state *transparent*; but it loses this transparency, and becomes thicker in chronic pneumonia. On cutting into the pulmonary tissue through the pleura, Dr. Stokes perceived three distinct layers; the one was formed by the pleura; that in the middle probably by the subserous cellular tissue, which was thickened and indurated; the third was very dense and almost opaque. Since that period, Dr. Stokes has several times seen this tunic upon diseased lungs, and has succeeded in demonstrating its existence in sound lungs also. I think it unnecessary to repeat here the process employed by this author to demonstrate this fact, these details belong to the study of anatomy itself. Another organic element of the lung, which is rendered more prominent and more easy of recognition by chronic inflammation, is the cellular tissue surrounding the lobules. This tissue, scarcely visible in the sound state, becomes, in certain cases, so thick and dense that it forms white and demi-cartilaginous *striæ* on the surface of the lung as well as in its substance.

Primitive pneumonia, of a chronic character, presents several *forms*. In addition to that which we have pointed out under the name of grey induration, we must add that not uncommon lesion pointed out by Rufz, and which MM. Rillet and Barthez have described, in the infant under the name of *carnification*, a denomination which, as we shall see, has been applied to several lesions. The lung is depressed in the exterior, soft, and flabby; it is of a violet colour, grained with white lines, so arranged as to mark out the lobules; it is not crepitant; on incision, its tissue is red and smooth. It is resistant on pressure, and the finger sinks into its tissue with great difficulty; a serous liquid, sanguinolent, but devoid of air-bubbles, exudes from it under this compression. This lesion sometimes occupies the whole of one lobe; at other times it assumes the lobular or marginal forms, and is moreover often observed together with hepatization of an extended or partial character. The pulmonary tissue, thus affected, bears a considerable resemblance to muscular tissue, or to the parenchyma of the fœtal lung, in which respiration has not taken place. Carnification of the lung may reasonably be considered as a termination of pneumonia, or as a form of chronic pneumonia. MM. Rilliet and Barthez record the case of a child who died of inflammation of the left lung, after having presented for a long time the symptoms of pneumonia of the right side. At the autopsy, there was found extensive carnification of the right lung in those points where auscultation had originally discovered the existence of pneumonia.

Another form of chronic pneumonia has been pointed out by Bayle *(on phthisis)*. The lung is rather more firm and more red than in the natural state; it is very heavy, and on incision a surprising quantity of blood is given forth as well as a sanguinolent serosity and a serous and frothy pituitary secretion, which exudes from all parts. This, according to the above-named author, forms a species of *chronic engorgement*. In some very rare cases, pneumonia has been met with, at first acute, and afterwards presenting the symptoms of a chronic inflammation, which has continued for two months or longer before a fatal termination. At the post-mortem examination, there has been found ordinary red or grey hepatization, lesions which, from the duration of the disease, have been considered as so many forms of chronic inflammation of the lung. There is finally an alteration of the pulmonary parenchyma, known under the name of *demi-transparent granulations*, or the *granulations of Bayle*, upon the nature of which authors are not agreed. According to Bayle, these granulations consist in some peculiar accidental production. Laënnec considers them as similar to tubercles, of which they form the first stage. Broussais regards them as engorged lymphatic glands. According to M. Andral these granulations are merely the result of chronic inflammation of the pulmonary vesicles, and are formed by the succession of the following alterations:—1st. The parietes of the vesicles become injected: 2nd. They become tumefied, at the same time remaining of a red colour: 3rd. They lose their red tint, becoming grey, and acquiring a gradual increase of thickness: 4th. While this thickening is taking place, the cavity of the vesicle undergoes several changes, sometimes it enlarges, sometimes it diminishes, and at other times it is completely effaced. Then granulation is formed. For my own part, I am more inclined to adopt the views of Bayle on this subject than the other opinions which have been mentioned.

We see, then, that chronic pneumonia, whether primitive or consecutive to acute inflammation of the lung, but being in every case independent of any other lesion of this organ, may present the forms of *engorgement*, of *red* or *grey hepatization*, of *carnification*, of *grey induration*, and perhaps of *granulations*.

Anatomical lesions of Chronic Pneumonia, combined with various lesions of the pulmonary parenchyma.—If chronic pneumonia, independent of any other lesion, be rare in those instances, where the inflammation assumes an extended or a lobular form, we no longer find this to be the case when it is limited to a very small space, and is consequent on the presence of tubercles or some other alteration of the lung. Chronic tuberculous pneumonia presents itself under several forms; one of these, and by far the most frequent, is that surrounding the tuberculous caverns, the circumferences of which it follows, thus presenting a great extent of surface, whilst it is very limited in depth. The parenchyma is greyish, almost demi-transparent, demi-cartilaginous, rendering a disagreeable noise (like that of cutting a cork) under the knife, and projecting above the surface of the incision; the small bronchial ramifications which penetrate this tissue are contracted or entirely obliterated; it also often contains crude or softened tubercles. This dense and resistant tissue, which some authors regard as a newly-formed membrane, and not as a modification of the pulmonary parenchyma itself, is commonly lined on its inner surface by a soft and yellowish membrane. Still we frequently meet with neither the one nor the other of these layers, and the cavern is formed directly in the pulmonary parenchyma, which is more or less deeply altered, but without the intervention of any morbid formation. Laënnec appears to have regarded this grey induration merely as the commencement of tuberculous degeneration. But when we consider that this lesion only shows itself around softened tubercules, and never or scarcely ever exists around those in a crude state; that it is exactly similar to that diseased condition sometimes, though very rarely, discovered in lungs which do not contain tubercles, and that it manifestly differs from granulations which have an entirely different form and texture, it seems to me that we should regard the grey induration which exists around suppurated tubercles as a lesion different from the first stage of tuberculous degeneration, although this latter may often supervene upon its progress. I will add, that as this alteration offers in its development the most perfect analogy with the inflammation arising in the subcutaneous cellular tissue, at the period of softening of the tuberculous lymphatic glands, it is rational to consider it as being of the same nature. The inflammation which is developed around the pulmonary tubercles has all the characters of a chronic inflammation; the tissue of the lungs is greyish, devoid of blood, exceedingly firm, but not redder nor more easily torn than in the sound state.

Chronic pneumonia, combined with pulmonary tubercles, offers another form deserving of attention. This lesion occupies a more or less considerable portion of the lung, and more particularly its summit, where it is mixed with grey or tuberculous matter. From the report of M. Louis, at least, it appears that in some cases a part of the grey matter of the superior lobe of the lungs was the product of a chronic inflammation. In this circumstance, the tissue has not the grained appearance which we observe in ordinary red or grey hepatization; but it has, according to M. Louis, an irregular appearance, which cannot be attributed to miliary granulations, for these in fact do not exist. It is traversed by white and thickened cellular partitions; it is more compact than the ordinary grey matter. The peculiar degeneration of the pulmonary parenchyma, surrounding the tubercles which we have just been describing, perhaps forms a part in the spontaneous cure of these foreign bodies which it gradually isolates from the sound parts; for we sometimes find in the midst of parenchyma in this condition those small streaky masses which some authors have considered as resulting from tubercles arrested in their development. Similar alterations are also frequently observed around the bronchial dilatations. We then find on the surface, and in the depth of the organ, disseminated masses of grey tissue, in the centre of which there exists a cavity usually rounded, often filled with puriform mucus, and the internal walls of which are formed by the same elements as those which constitute the bronchial parietes.

Chronic induration of the lung sometimes presents a colouration which has acquired for it the name of *black induration*. And, in the first place, should this black induration be considered as the result of chronic inflammation, or as that of an intimate combination of *melanosis* with the tissue of the organ? This latter condition may sometimes happen, but according to M. Andral, who has particularly devoted his attention to this anatomical question,* this induration is ordinarily the simple result of chronic inflammation. In fact, says this author, we find this induration of the pulmonary parenchyma attended by all possible colours, red, light grey, dark grey, slate colour, &c. In certain cases, we can trace in the same lung the insensible transition from the grey tint to the deepest slate colour; and in those parts which are free from this colouring, the pulmonary parenchyma is in an equally indurated condition. We must then necessarily conclude that the state of induration of the lung with black colouration is not essentially different from this same state of induration with whitish or greyish colouration. In this latter case, there is no hesitation in referring the pulmonary induration to simple chronic inflammation. Why should we adopt a different view with respect to black induration? A simple darkness of colour is certainly not sufficient to make us regard as different two states which otherwise perfectly resemble one another, whether with respect to their other anatomical characters, to the symptoms which accompany them during life, or the causes which call them forth. We must, therefore, either regard the phthisis with melanosis (as described by Bayle) as a simple variety of chronic pneumonia, or we must still further extend the class of phthisical diseases, by admitting within it as so many distinct species the white, the yellow, and the grey induration of the pulmonary parenchyma. This black induration is sometimes disseminated in the midst of parenchyma otherwise sound; we then frequently find equally disseminated portions of whitish or greyish induration. This constitutes a particular form of chronic pneumonia. Black induration of the lung is most commonly observed in the old man; still other ages are not wholly exempt from it; thus, M. Andral has observed it throughout the whole superior lobe of the left lung, in a girl 9 years old; and he has frequently found it in individuals who had not reached their 30th year. In the black induration of which we have been speaking, the cause of the colouration appears to be of the same nature as that which gives to the tissue its red tint, its light or dark grey, its slate colour, &c.; but it differs from that black induration which appears to result from the habitual inspiration of an atmosphere charged with particles of carbon, examples of which have been related by several English and French writers.

Anatomical diagnosis of Chronic Pneumonia.—There are several lesions more or less resembling those which characterize chronic pneumonia, and which might, without great attention, be confounded with them — such as encephaloid, lardaceous, tuberculous, and gelatiniform transformations of almost the whole of the organ. One single character will, however, suffice for distinguishing these various lesions from those of chronic pneumonia, and that is, that in this latter disease we find, in the midst of the alterations of the parenchyma, all the organic elements which constitute this tissue in its normal state, while, on the contrary, in encephaloid and lardaceous transformations and the others, these elements disappear to make place for the accidental product. I shall merely cite a few examples of those alterations offering some analogy with chronic pneumonia, and will mention the most remarkable.

1st. *Lardaceous degeneration of the lung.*—A woman, twenty years of age, died after having for some time experienced fits of coughing with pain in the left side of the chest, as well as accessions of suffocation, sometimes followed by syncope, paroxysms of fever, and copious sweats; percussion and auscultation did not appear to have been employed. The patient died, after having had, during thirty-six hours, most violent fits of suffocation, but without any loss of consciousness. On opening the body, about a quart of a limpid serosity was found in the right side of the chest; the lung of this side presented no unnatural appearance; but the left lung was transformed into a lardaceous shining substance, which filled up nearly the whole of the left cavity of the thorax; the costal pleura of the same side was changed into a lardaceous yellow substance of about nine lines in thickness. The diseased lung formed an even mass, upon which we could scarcely distinguish the division into lobes; but at its inferior part there was found a portion of about two inches in extent, which appeared to be merely in an advanced state of hepatization, and contained a small quantity of blood; at the depth of about two inches, the tissue of the lung was less altered and had preserved its cellular texture. All the bronchial tubes which penetrated into the lardaceous part of the lung were collapsed, and formed as it were tendinous cords. The left pulmonary artery and veins were almost entirely blocked up.

2nd. *Encephaloid degeneration of the whole of the right lung.*—We are indebted to Dr. Graves for the following observation, of which we shall give only the principal details: the symptoms noted in the respiratory apparatus were lancinating pains in the right side of the chest upon taking deep inspirations; dyspnœa increased by the slightest exercise, and by decubitus on the left side, terminating in *orthopnœa*. During the eighteen or twenty days preceding his death, the patient remained in the sitting posture day and night in his bed, bending forward as much as he could, and supporting his head by means of a pillow placed upon his knees; the cough was dry, or else a small quantity of mucus slightly tinged with blood was sometimes expectorated. The intercostal spaces of the left side were more marked, deeper and more expanded in respiration than those of the right side. The right side measured about half an inch less than the left; percussion gave a perfectly dull sound throughout its whole extent, and this dulness extended an inch beyond the median line anteriorly; respiration was tracheal or bronchial, very distinct over the right side of the chest; there was no perceptible *râle;* at the anterior and superior part of the same side there was resonance of the voice almost amounting to bronchophony; the heart pulsated in its natural position; but its *bruit* was spread over a great extent, under the clavicles and over the whole right side. None of these phenomena existed on the left, which was in a normal condition. During respiration, the right side of the chest presented evidently less movement than the left, and on applying the hand on the side while the patient was speaking, the vibration was less strong on the right than on the left. The countenance was puffed, pale, and seemed slightly œdematous; the right jugular vein was very much distended, as also were the veins in the right axilla; on the surface of the abdomen two tortuous veins were perceived, about the size of a goose-quill, following the direction of the epigastric arteries. There were nocturnal sweats; pulse 100, regular and compressible; the patient experienced some difficulty in swallowing, and referred the cause to the lower part of the pharynx; he complained of a slight pain towards the right shoulder; the liver extended below the edge of the ribs, and formed a hard tumour in the hypochondrium.

Necropsy.—The left lung was sound; the right was converted into a solid mass, more than six pounds in weight, with an irregular and slightly prominent surface. This mass completely filled the right side of the chest, but did not project between the ribs; it extended towards the left side a little beyond the median line, hiding the pericardium,

* *Andral*, Clinique Médicale, t. ii, p. 231.

the large vessels, and the trachea. This mass was raised with difficulty, on account of its intimate adhesion to the pleura; it presented towards its posterior part a *thin layer* of pulmonary substance scarcely permeable to the air; it was homogeneous in every part; firm, of a white colour, and offered great resemblance to the tissue of the brain when hardened by artificial means. On dividing this mass, there escaped from the surfaces of the incision a liquid resembling softened cerebral matter, and which became more abundant on pressure. The right bronchus could be traced for a very short space through the tumour, but its diameter was greatly lessened. The large vessels proceeding from the heart appeared to sink into the substance of the tumour surrounding its base; the liver was of its natural size, but had been pushed down by the thoracic tumour. An encephaloid mass of the size of both fists was lodged in the mesentery.

3d. The lung may also be entirely transformed into a *tuberculous substance*, a case of which occurred under my care. A remarkable circumstance in this anatomical fact is, that it happened in a negro. Now, we know that it is not uncommon to observe this tuberculous transformation of the whole of one lung in the ape, as has been demonstrated by M. Reynaud.

4th. The *grey demi-transparent matter* which, according to several authors, constitutes *grey granulations* when it presents itself under the form of rounded and distinct globules, sometimes also becomes infiltrated, and forms large masses of several cubic inches in extent, in the midst of which we often find miliary points of a dull yellowish substance; these masses differ essentially from chronic pneumonia, inasmuch as they offer no distinct structure; the same is the case with those formed by the *infiltration* of *gelatiniform matter*. Chronic inflammation of the lungs, considered with reference to its *terminations*, offers some forms deserving attention. In speaking of the anatomical characters of gangrenous pneumonia, we instanced the very rare case of chronic pneumonia terminating in gangrene; we must refer our readers to that subject. In certain cases, chronic pneumonia assumes the *ulcerous* form. We know that the ancients have described, under the name of ulcers of the lung, excavations which modern researches have led us to regard as the product of tuberculous softening. Still, according to the observation of M. Andral, there are cases in which, in the midst of indurated pulmonary parenchyma, there exist one or more ulcerous cavities, but no other trace of tubercles; or else where these did exist, they were very small and few in number, and no more proved that the ulcer had succeeded to the softening of a tuberculous mass, than the tubercles so often found at the bottom of ulcerations of the intestinal tube can serve to demonstrate that these ulcerations have been produced by the softening of a sub-mucous tubercle. Nor was there any evidence of these pulmonary ulcerations having been preceded by the formation of a slough. Thus, according to this author, the parenchyma of the lung may become primitively ulcerated; sometimes there is but one ulcer of a more or less considerable size; at other times there are a great many ulcerated points scattered throughout the parenchyma. At the same time that the ulcerous inflammation of the lung becomes propagated from place to place, it often gives rise to an *adhesive* process, by means of which the cavern, while communicating with the neighbouring organs, does not however suffer the matter which it contains to escape into the interstitial spaces. It was by reason of this double mechanism that we have seen a gangrenous cavern of the lung communicating on the one hand with the pleura and bronchi, and on the other forming a passage through the diaphragm to the liver and the ascending colon, in an individual who was attacked with diarrhœa whenever he assumed the sitting posture. Finally, from this chronic adhesive inflammation we sometimes see cavities of various nature approach their parietes one towards another, and eventually, after the absorption of the matter which they contained, form a fibro-cellular line, by the obliteration of a greater or less number of bronchial canals.

WOUNDS.

By W. T. KAY, Esq., M.E.S.L., &c.

(Continued from page 184.)

Gunshot Wounds.—When amputation is deemed unnecessary, the surgeon, according to precepts formerly in vogue, is to dilate the wound by one or more incisions. Many of the missile weapons employed by the ancients, when received into the body, required incisions before they could be extracted. Celsus mentions the necessity of enlarging the orifices through which these bodies had entered, and may therefore be justly regarded as the first who recommended the practice of dilatation for the treatment of wounds made by leaden bullets.

With the French surgeons, indeed, the practice of dilating the orifice of almost every gunshot wound seems to be the prevailing one, as may be seen by reference to the treatment of the cases which happened at the siege of the citadel of Antwerp.* Such dilatation has been said to have numerous advantages: to facilitate the extraction of foreign bodies; to occasion a topical bleeding, and afford an outlet for the extravasated fluid in the circumference of the wound; and lastly, to remove the pressure and constriction of unyielding fibrous textures from the subjacent, inflamed, and swollen parts, and thus prevent gangrene.

Experience proves that the utility of such incisions has been overrated; that they generally increase the inflammation, which, in these cases, is so much to be apprehended; that wounds which are not dilated commonly heal more speedily than others which are; and that there are only a few cases in which incisions are beneficial.† In fact, as Dr. Hennen as correctly stated, the knife is now rarely, if ever employed, in the first instance, by English surgeons, except for the purpose of extracting balls, splinters of bone, and other extraneous bodies, or for facilitating the application of ligatures to bleeding vessels. If afterwards the parts inflame and suffer pressure, or constriction from a fascia, then however no surgeon would doubt about the necessity of a free division of the unyielding texture. The track which the ball takes varies very much; sometimes it lies superficially under the skin, and only has one opening. When it lies in soft parts, and the ball has neither touched a bone, nor a considerable blood-vessel, all incisions are useless; let the wound have one or two apertures. Though dilating the wound has been practised with the view of giving vent to matter, eschars, and foreign bodies, and even its whole track has been laid open, when superficial, yet the plan has not received general approbation.

Fascia, or other fibrous textures, are often situated about the orifice of a gunshot wound, and some surgeons have made it a rule always to divide them completely, lest, when the wound inflames, the tension and confinement of parts should cause violent spasms and nervous symptoms, and afterwards impede the discharge of matter and foreign bodies; when they obviously have the first effects, the propriety of dividing them cannot be doubted, but with a mere expectation of the other evils, the real advantage of the practice is questionable. The extraction of foreign bodies ranks as one of the most urgent motives for the dilatation of the wound, and no doubt it is right to remove at first as many of them as possible. Their lodgment irritates the wound, causes violent nervous and inflammatory symptoms, and copious suppuration, circumstances which the timely extraction of them may prevent. Yet, let it be remembered, that the extraction of foreign bodies is frequently attended with immense irritation, and that, while they lie too firmly fixed in parts, it is often a matter of impossibility. After the sloughs have separated, and the wound has become widened, suppuration frequently does not prevail long before the extraneous substances become loose, spontaneously approach the skin, and easily admit of removal, perhaps without any dilatation. Hence, it is generally prudent to extract, at first, only such foreign bodies as are near the external openings, quite loose, and removeable without much irritation; or such as press on parts of importance, and thereby excite dangerous symptoms. Those which are firmly and deeply lodged in the wound should not be interfered with. Suppuration and the detachment of sloughs should be awaited, and when the foreign bodies become moveable and apparent, they should be extracted, with or without an incision, as circumstances may demand. The examination of the wound ought to be made as much as possible with the finger, which irritates less, and feels more distinctly than a probe. There are numerous and diversified bullet-drawers, but for the most part they are useless, and more than useless, often doing more harm than good, as it is evident that to extract a ball from a deep wound their blades must expand, and consequently stretch the wound, and create a great deal of irritation. In some instances the wound closes, and the foreign bodies remain in the limb during life, without inconvenience;* and in other cases, after a time, they bring on a renewal of inflammation and suppuration. Sometimes a foreign body varies its situation, sinking down, and afterwards making its appearance at a different part, where it may excite inflammation and suppuration. It may change its place slowly or quickly; when quickly, it leaves no trace of its passage in the textures which it travels through; when slowly, it becomes enveloped in a serous cyst. This disposition to change of places appertains, not only to sharp, smooth, oblong bodies, but also to globular ones, though it is generally less in proportion as they have more of the spherical shape.

Sometimes the ball penetrates the spongy part of a bone, and lodges firmly in it. When it has only entered superficially, it may sometimes be loosened and extracted, by means of an elevator with a thin and somewhat curved extremity, and when it is more firmly fixed, a screw bullet-drawer will sometimes serve for its removal. Should the attempt fail, the employment of a trephine for the removal of the ball is recommended by some writers; while others, fearful of the irritation, difficulty, and effects of such an operation, and recollecting that balls have sometimes remained fixed in bones for many years, without any serious inconvenience, condemn that practice. Mr. Guthrie lays it down as a general rule, subject to a few exceptions, that a ball should never be allowed to remain in a bone; for, says he,† "if a ball lodge in the head of a bone, and is not removed, it generally causes caries of the bone, diseases of the joint, amputation, or death; if in the shaft of a long bone, necrosis for the most part follows, with months and years of misery; on a flat bone, caries is equally the result; and if it be surrounded by large muscles, sinuses form in various directions, contractions of the limb take place, and the patient drags on for years, careless of life, and ready to submit to anything to obtain relief." Whenever the situation of a ball is such, that it can be removed at once from a bone with tolerable certainty, and without too much irritation, the practice is commendable. Gunshot wounds generally demand the employment of antiphlogistic means, just as other cases, attended with equal inflammation. In these cases bleeding is recommended, and in such a manner as if it were of more service in them than wounds in general. In every instance, however, the practitioner must take particular care not to be too bold in the practice of bleeding; for when the patient is reduced below a certain degree, his strength is inadequate to support the large and long-continued suppurations, which often cannot be avoided.‡

Gunshot wounds in crowded military hospitals, especially when they are established in unhealthy, low, damp situations, and due attention is not paid to ventilation and cleanliness, are liable to be attacked by hospital gangrene, a most serious and

* Larrey Hist. Chir. du Siège, &c., p. 68, &c.
† Hunter on Blood, Inflammation, and Gunshot Wounds, page 529.

* A friend of mine, a General, who was at Waterloo, received a bullet in his thigh, and which gradually worked its way down to the ankle; he has never experienced any inconvenience from it for the last four or five years, nor has he any fistulous opening where the ball passed in.
† Guthrie on Gunshot Wounds, pages 91—93.
‡ Hunter on Blood, Inflammation, and Gunshot Wounds, p. 563.

dangerous complication. Another formidable, and generally fatal, complication is traumatic tetanus. And a third dangerous complication is *erysipelas*, more particularly the phlegmonous kind.

The plan of removing the first dressings too soon is as injurious in gunshot wounds as in other cases, by creating a premature disturbance of the parts. This ought to be particularly observed where dry lint has been used, and it is adherent to the wound. Unless any untoward symptoms occur, they should rarely be removed before the end of the fourth day. Mr. Liston's mode of dressing is the best, as it prevents all unnecessary trouble and uneasiness to the patient—a piece of moistened lint and oiled skin placed over this to prevent evaporation. If the lint has been applied moist, and allowed to dry and become saturated with blood, it is advisable to apply an emollient poultice over it the evening preceding the morning on which the dressings are to be first changed. By this means they will be loosened, and admit of being taken away without pain or irritation.

For a few days the matter seldom assumes a healthy appearance; but as soon as the sloughs separate, it then becomes of a proper quality, and the wound is to be treated as a simple abscess. When the patient has got through all the dangers of the earlier stages of gunshot wounds, hæmorrhage, gangrene, phlegmonous erysipelas, tetanus, and other perils still await him. The fractured bones unite with difficulty; sinuses and deep abscesses form in the limb; the periosteum becomes detached; the bones denuded and attacked by necrosis. Nor is this all the mischief; fractures of bones abounding in spongy texture, are liable to be complicated with inflammation of the cellulo-vascular membrane, investing the areolæ of that texture, and its numerous veins. Sometimes the healing process does not commence, though suppuration has prevailed a considerable time. On the contrary, notwithstanding the exhibition of tonics, and a generous diet, the suppuration ceases to proceed favourably, and the wound becomes unhealthy, and the matter thin. The bones show no disposition to unite, and the patient, reduced by hectic symptoms, is rapidly approaching dissolution. In this state, life may sometimes be preserved by amputation.

(To be continued.)

ON SYPHILIS.

By DR. WEATHERHEAD.

Evidence adduced of the Introduction of the Disease from the West Indies, and of the astonishing rapidity with which it spread, not only over the different countries of Europe, but likewise to Africa.

THE manner in which the disease ran its devastating course, spreading its baneful consequences to distant countries with a rapidity that, joined with a total ignorance of the mode of treating it, truly appalled mankind, though one of the most difficult circumstances among the many attending its first introduction to account for, must, nevertheless, be acknowledged to constitute the one most corroborative of its entire newness; and whatever discrepancy or contradiction may exist on other points of the early history of the venereal, a universal concurrence of testimony among the old writers leaves none certainly on the extent and rapidity of its spread.

That the disease was brought from the island of St. Domingo, then called Hispaniola, by the followers of Columbus, although contrary to the belief of several very recent writers, there is abundant and satisfactory proof.

We learn from history that the ships of this celebrated navigator returned to Europe on the 3rd of March, 1493, and with them brought the disease. This fact is distinctly stated by the historian Gonçalo de Oviedo, in his 'Sumario,' addressed to the Emperor Charles V., and that it was a common disease among the natives; so much so, indeed, that very few of the Spaniards escaped who had any connexion with the women. In another passage, he repeats that the first time the disease appeared in Spain was on the return of Columbus, when several of those who had accompanied him were affected with it, and through them it was communicated to others.

Not content with stating the fact, Oviedo proceeds to give his authorities for it from among those who had accompanied Columbus in his voyages, and names among his informants, Vincente Yanez Pinçon, one of the principal pilots of the three brothers Pinçones, who went out in the first voyage, and with whom he was most intimate until his death, which happened in 1514. He was told the same by the pilot Hernan Perez Matheos, "at present alive in this city," and who went out in the first and third voyages with Columbus; besides two other gentlemen, then also alive, and many others who, as eye-witnesses, ("como testigos de vista,") gave him the same information. Oviedo further adds, that he had heard the fact repeated from the comendador, Mossen Pedro Margarite, and the other commanders, Arroyo and Gallego; besides Gabriel de Leon, Juan de la Vega, and Pedro Novarro, who went with Columbus on his second voyage. After this, how can M. Swediaur say that Oviedo, in speaking of the circumstance, expressed himself "encore d'une manière vague?"

It often caused Oviedo to laugh, as he himself tells us, when in Italy, to hear the Italians call it the French disease; and the French, the Neapolitan; when, in truth, both would have been more correct had they designated it the Indian disease.

From Spain, Oviedo tells us, from being contagious, it passed into Italy, and many other countries.

Corroborative of the positive testimony of this distinguished historian, there is that of another, not less worthy of credit, to adduce; and who also, like Oviedo, lived at the time, and visited the countries of which he treats; I mean, Francisco Lopez de Gomara. This author was a Spanish ecclesiastic, and accompanied Cortez as chaplain in his expedition to Mexico in 1515.

Gomara, in his 'History of the Indies,' as the newly-discovered world was then called, has a chapter headed, 'Que las Bubas vinieron de las Indias,' and begins at once by saying that the inhabitants of Hispaniola were all affected with the venereal. He moreover informs us, that the Spaniards, from intercourse with the women, immediately caught the disease—that on account of their sufferings, and not getting better, many returned to Spain for cure, and on other business—that the infected, from having connexion with courtesans on their arrival in Spain, were the means of infecting others; many of whom being ordered to Naples to assist King Ferdinand II. in repelling the invasion of the French king, thus carried the disease to Italy; where likewise, through the medium of the prostitutes, it was communicated to both the Italians and French.

We find this account, both of the original exotic source of the disease, and of its introduction into Europe, confirmed by several other historians, as well as many physicians who wrote on the subject. Among the former, I may name Peter Martyr, who was the Apostolical Prothonotary, and Prior of the Archbishopric of Granada; Guicciardini, and more especially still, the son of Columbus himself; who in the 72nd chapter of the Life he published of his father, mentions that sickness had destroyed all the Spaniards whom Columbus had left behind in the island of Hispaniola, on returning from his first voyage, except 160, and that these laboured under the French disease—the name by which the venereal was then generally known.

Peter Martyr, in his account of the New World, also makes mention of "a peculiar disease in this island (Hispaniola), distinguished by large scabs covering the body and corroding the limbs, which is contagious, and has spread to other countries through cohabitation with the infected."

The ships that returned with Columbus did not all proceed to the same port, for Columbus himself landed at Lisbon before proceeding to Palos; and another of his ships, under Alonzo Pinçon, was obliged to put into Bayonne. Now, though we have no account of the disease having broken out shortly afterwards in any of these places, this was an event so feasible, that, as assisting to explain what is established by a multitude of contemporaneous witnesses—namely, the spread of the distemper in such an incredibly short time over the whole of Europe—we might perhaps be justified in admitting it to be at least a very probable occurrence.

There is yet another circumstance connected with this question to be taken into account, and that is, the country to which the great discoverer belonged. Columbus, as every one knows, was an Italian; and it appears far from improbable that several of his own countrymen from the Italian sea-ports were the companions of his voyage, and who, on their arrival in Europe, would naturally return home. Now, if any of these people were labouring at the time under the venereal, and belonged to Naples, a kingdom then intimately connected with Spain by family dynasty, we should, on this supposition, have the disease propagated almost as early at Naples as in Spain.

But whether this supposition be feasible or not, we have the direct testimony of the several respectable writers, already quoted, proving that it was carried to Naples by Spaniards. Fulgoso states the fact in his 'Memorabilia:' Rodrigo Diaz tells us that many Spaniards resided at Naples at the time the French invaded that kingdom: and we learn, from almost every writer on the disease at the period, that it broke out in the French army after the taking of Naples; and when Charles VIII. was forced, by the league formed against him, to abandon his conquest, that Ferdinand of Spain sent *another* army into Italy under the celebrated captain Gonçalo Fernandez de Cordova, through which, we may presume, the contamination was still farther spread in Italy.

That the reader may not lose the regular sequence of testimony, he is to bear in mind, that Charles VIII. invaded the kingdom of Naples in 1495.

In 1496, Joseph Grunbeck informs us, "that on returning from his travels, he found the disease prevailing all over Germany—in every city, town, camp, village, and cottage, as well as the greater part of Europe."

In the same year, we are told by Sebastian Brant, that it had got to Britain; and in 1497, James IV. of Scotland, in consequence of the frightful prevalence of the venereal in Edinburgh, issued the celebrated proclamation banishing the infected from the city. The original is preserved in the Records of the Town-council, dated 22nd September, 1497; and as a document, both little known and curious in itself, as characteristic of the age, I shall copy part of it. His Majesty "charges straitly all manner of personis being within the freedom of this burt, quilks are infectit, or hes been infectit, uncurit with this said contagious plage, callit the Grandgor, devoyd, red, and pass furt of this town, and compeir upon the sandis of Leith at ten hours before none; and thair sall thai have and find botis reddie in the havin ordanit to them by the officeris of this burt, reddy furneist with victuals, to have thame to the Inche, and thair to remane quhill God provyd for thair health." Those evading this ordinance "salle be brynt on the cheik with the marking irne, that thai may be kennit in tym to cum."

[We shall continue in the next number our extracts from the interesting work of Dr. Weatherhead; we think it of importance that the author's opinions should be laid before the whole profession.]

EXPERIMENTS

ON THE

CONTAGIOUS PROPERTIES OF GONORRHŒAL AND BLENOPHTHALMIC DISCHARGES.

By M. DECONDE, Surgeon in the Belgian Army.

I. THE present is supplementary to a former memoir, in which, in speaking of gonorrhœa, it was proved that the fluid it produces, whatever were its quantity, its age, or the period at which it was taken, always proved contagious, and capable of producing a granular ophthalmia in dogs. I said that, when treated by irritating injections of nitrate of silver, the fluid secreted

by the inflamed urethra was modified; that it was no longer contagious to the eyes if collectad immediately after the injection; and, lastly, that the fluid did not regain iis virulent character, except in those cases in which the injections having been discontinued, the discharge reappeared and persisted. In a work which he has published, M. Baumès has, in some measure, confirmed my assertion; and points out as being sometimes contagious the blenorrhages which persist after a long time, which are reduced to a very slight oozing, and which the patients name gleets.

The second part of my assertion having attracted the attention of my superior officers; as well for its own sake as for that of the conclusions that might be deduced from it, in regard both to gonorrhœa and to the military ophthalmia, I shall comply with their wish, by relating the experiments that were made on this subject.

1. The matter of gonorrhœal discharge that had existed fifteen days, was taken on the 15th of December, 1839, on the very day on which injection of nitrate of silver had been employed, and it was put on the same day on the healthy palpebral conjunctivæ of a dog. On the 1st of January, 1840, the conjunctivæ had not undergone the least organic modification.

2. Gonorrhœal matter, from a case of 15 days' standing, was taken on the 15th of December, 1839, on the same day on which injections of nitrate of silver had been made use of, and was put on the 10th of February, 1840, on the ocular conjunctivæ of a strong cat. The cat was killed in April, and not a trace of ophthalmia or of granulation could be discerned.

3. On the 8th of June, 1840, some discharge from a gonorrhœa of two months' standing, collected on the 9th of November, 1839, the day after nitrate of silver injections had been made, was placed on the conjunctivæ of a perfectly healthy young cat. The eyelids were examined on the 9th, 10th, 11th, and 12th of June; and the conjunctivæ remained pale, and presented no appearance of granulations.

4. On the 9th of November, 1839, I collected fluid from a gonorrhœa that had lasted a month. The patient had been treated with injections and copaiba, but for the last ten days with nothing but antiphlogistics; the discharge was white, and had no action on litmus paper. On the 18th of July, 1840, we mixed it with a little rain water, and put it on the palpebral conjunctivæ of a young dog whose eyelids were perfectly healthy. On the 23d there were on either side several inflammatory granulations on the conjunctivæ, which were surrounded by a very marked vascular network.

5. On the 4th of January, 1840, I applied on the ocular conjunctivæ of a dog with healthy eyelids some of the discharge from a gonorrhœa of twenty days' standing, and treated with nothing but copaiba internally. On the 8th the conjunctivæ were actively inflamed, and inflammatory granulations were marked on the internal surface of the second eyelid.

I was not contented with making these experiments on animals, but repeated them a great number of times on myself. I put with complete impunity, both into the interior of my urethra, and on the inner surface of my eyelids, gonorrhœal matter collected on the day on which irritating injections had been made into the patient's urethra. It caused a momentary sensation of slight pricking; but this soon disappeared.

M. Baumès, in the work which I have just mentioned, cites results nearly analogous to my own. It is to be observed, he says, that, when the oozing is limpid, colourless, transparent, more or less ropy, or even sticky, it does not in general possess this contagious property; and this change may be produced by successive cauterizations of the urethra, in the same way as, by cauterizing a chancre, we sometimes soon bring its surface to such a state as to discharge only a mucus devoid of all contagious properties. But apart from this distinction of the discharges, according as they are virulent or not (a distinction which I do not admit), this is exactly the view which I have myself taken.

I endeavoured also to prove that the liquid chloride of lime, by being mixed with the gonorrhœal and ophthalmic mucus, neutralized their virulence. But it was not enough to know whether the chloride of lime neutralized the contagious property of the matter secreted in the military ophthalmia or in gonorrhœa; it was necessary also to determine whether this neutralization were more than momentary, that is, whether, when the matter was dried and the chlorine disengaged, the former did not again become virulent. The question was of the highest importance, and I made the following experiments to decide it.

6. A soldier had excessively large granulations, with a very abundant purulent secretion. I took the linen with which he wiped off the matter, and which was strongly impregnated with it, and soaked it in pure liquid chloride of lime, so that, however, the matter might still remain on it; and in this state I left it to dry. On eight successive days I moistened small pieces of this linen, and put them in contact with the inner surface of my eyelids, pressing out the liquid which they held, but I felt neither pricking nor pain, and my eyelids remained as healthy as before.

7. The same experiment was made in March, with the discharge of a chronic gonorrhœa, that had existed nine weeks, and had not been treated. The results were the same.

8. On the 7th of January, 1841, I mixed some of the ophthalmic matter which I made use of in experiment 14, with equal parts of chloride of lime, and dried the mixture. On the 15th, 17th, 19th, and 21st of March, I put some of it on my eyelids. I felt a little pricking of the conjunctiva at the moment of introducing the matter, but its influence extended no further.

9. Gonorrhœal matter from an acute virulent vaginitis, which had a greenish colour, and was discharged in large quantities, was collected on the 10th of April, 1841, and immediately mixed with liquid chloride of lime. The mixture was exposed to the air to be dried; and on the morrow there was not the least smell of chlorine to be perceived. On the 18th, and six following days, I moistened small quantities of this matter, and put some drops with a hair-pencil on my palpebral conjunctivæ. After each application I felt a little stiffness and uneasiness about the eyelid; but, with the exception of this, which lasted nearly an hour, I perceived nothing from it.

10. Some discharge from a case of acute purulent ophthalmia, of which the contagious properties had been determined in several of my experiments, was mixed, on the 10th of April, 1841, with a little pure liquid chloride of lime, and dried in the air. On the 11th, and six following days, I moistened small quantities in a little water, and put some of it every day upon the inner surface of my eyelids; but it produced no further result than in the preceding experiments.

Let it not be supposed that I adopted precautions to escape the effects of inoculation; on the contrary, I made the experiments when my eyes were fatigued with reading, and in stormy weather, when there was a good deal of dust, in which I exposed myself for several hours after the inoculation.

From the preceding facts I think we may conclude, that the chloride of lime did not prevent the virulent action of the contagious fluids with which I experimented, only by its presence, or only for an instant, but by a new combination taking place between it and the mucus—a combination which is not destroyed, even when the mixture does not emit any sensible quantity of chlorine. And these, I think, are facts not without importance to organic chemistry.

III. From facts communicated to me by one of my colleagues, Dr. Detrooz, I was led to think that lotions composed of a mixture of one ounce of chloride of lime, and one drachm of oxide of iron diluted with a little water, would prevent the development of syphilis if used immediately after an impure connection; but I shall only record the experiments which I made myself, and which relate especially to the ophthalmia in the army.

11. On several occasions, I dropped between the eyelids of a healthy dog, and afterwards into my own, some ophthalmic or some gonorrhœal matter. Every time that this was *immediately* followed by dropping in some liquid chloride of lime, injury was prevented. It was not the same when the inoculation was preceded for an instant by the dropping in of the chloride. In this case, it would seem that the irritation produced by the chlorine on the conjunctiva rendered it, for an instant, inaccessible to the action of the contagious matter.

IV. But it was no longer the same when the chlorine was not dropped in immediately after the contagious matter. If there were an interval of several minutes, the chlorine had no neutralizing or preservative influence (notwithstanding the modification which its stimulus determined in the conjunctiva), and the inoculation produced its full effects. These conclusions are drawn from the following experiments.

12. On the 21st of April, I put on the palpebral conjunctiva of a dog some virulent ophthalmic matter taken from the patient mentioned in Exp. 6, and two minutes after some drops of liquid chloride of lime were poured between the lids; the dog seemed to suffer neither pain nor uneasiness, for he directly after jumped and played about. His eyelids afterwards remained perfectly healthy.

13. On the 21st of April, I put some gonorrhœal matter from an acute case of but four days' standing on the eyelids of a dog; two minutes after, I let fall between them some drops of liquid chloride of lime; and twice more on the same day repeated this. On the 27th no affection of the conjunctivæ had been produced.

14. On the 20th of April, 1841, at eight in the morning, I put on my left palpebral conjunctiva some ophthalmic matter recently taken from the soldier already mentioned, and two minutes after applied a few drops of chloride of lime; I felt a little uneasiness and pain for a few seconds, and then all recovered. On the 25th, the same experiment was repeated with the same results.

These experiments demonstrate, that ophthalmic matter and gonorrhœal matter do not act on the eyes, or on the eyelids, as an irritant, for in that case there should have been irritation produced on contact, which did not occur. Joined to the following, they demonstrate, that the virulent matter, to be able to determine its peculiar effects, requires to have penetrated the mucous membrane of the eyelids, just as the venereal virus requires, in order to the manifestation of its action, to penetrate the mucous membrane of the penis.

15 and 16. First, on the morning of the 25th of April, I placed on the conjunctival palpebræ of a healthy dog, some gonorrhœal fluid similar to that used in Exp. 13; four minutes

after I put on the same parts some drops of liquid chloride of lime. 2nd, An instant after, I made the same experiment on myself; on the morrow, the dog had slightly inflammatory granulations; and for myself, I have been since that time subject to an almost constant pricking of the eyelids, with a sensation as if of foreign bodies under them, the results of the development of small miliary granulations discernible on inspection.

From these facts it follows:—

1st, That chlorine and the chlorurets are certain disinfectants for the gonorrhœal and ophthalmic contagions; and that they are to be preferred to all others, without excepting even the nitric disinfectant of Carmichael Smith, to which I have hitherto given the preference.

2nd, That to preserve soldiers free from ophthalmic infection, it is not enough to use frequent chlorine lotions, but the very atmosphere through which transmission takes place should be chlorinated, that is, should have chlorine suspended in it; a purpose which may be accomplished by using daily fumigations according to the plan of Guyton-Morveau.

3rd, That the medical attendant, whenever he cauterizes the eyelids of those suffering from ophthalmia, or from granulations, should always dip his fingers in chlorine to prevent the carrying of virulent matter from one eye to another, or from one person to another; for I have proved elsewhere, that though an individual with granulations is, as it were, inured to the presence of the matter secreted by his own eyes, he is not always so to that of the matter secreted by the eyes of others. The same recommendation must be given to those who handle parts affected with gonorrhœa.—*L'Examinateur Medicale*, Oct. 24.

TO CORRESPONDENTS.

Books Received—

Medico-Chirurgical Review.

Fourth Report of the Suffolk Lunatic Asylum.

Pharmaceutical Journal.

Alpha (whose real name we have) writes:—"*An inquest was held this day on the late Captain Gordon, who was found dead in his bed on Saturday last, at his house, No.* 31, *Upper Gower-street. The worthy coroner, Mr. Wakley, to the surprise and great astonishment of all present, in reply to the remarks of some of the jury, as to the necessity of a post-mortem examination, was pleased to remark, that however desirable autopsies may appear, in cases of sudden death, that he was disposed to decline giving orders for such purposes, unless when there was some suspicion as to the cause of death. John Bull is more scrupulously alive to the state of the dead, than to that of the living; and therefore Mr. Wakley is the same. First, a slanderous charge, and then its imitation! Now, Sir, I ask was not this travelling out of the rules to be observed by gentlemen invested with such potent authority as the undoubted hero of Finsbury? What was the necessity, as the elder brother of the deceased very properly remarked at the time, for such disgusting, such uncalled-for observations? The autopsy, however, was performed for the satisfaction of the family, the surgeon attending being of course minus his fee." Our correspondent continues:—"Was it Mr. Wakley's usual economical disposition that prevented his acting as all other Coroners would have done on this occasion? Was it to curry favour with the redoubted gentlemen of the Middlesex bench? If this is his usual mode of proceeding on such occasions, what a supporter of the rights and privileges of the medical profession!"*

We beg to direct especial attention to the inquest reported at great length in another column. The great culprit, Thomas Davis, is the son of a man—we are told by a correspondent—that sold drugs, horse-balls, drenches, &c., and followed himself the same calling. He has received no medical education, and dares to practise now because he happens to have practised before the Act. About five years ago, he was called to open the body of a boy, and took with him a butcher's cleaver, a saw, and a knife. Mr. G. T. Turley was a resident of Birmingham, which he did not quit because he was better respected by his medical brethren than known. The medical maltreatment suffered by the poor woman we shall revert to probably again; but what a frightful commentary it offers on the system of study and examination which admit such men into a responsible profession!

The Physiology of Animal Sustenance, and Mr. Scoffern's Lecture on Chemistry, next week. We have received several hints, and important information from various subscribers, which we shall certainly turn to account. We have to give our best thanks also for several country papers containing important medical facts.

Dr. P., Mr. W. H. Galen, declined for want of room. Several communications have been received which will be attentively considered.

*In consequence of the difficulty made by Country Postmasters to give money orders without a "*proper*" name, the Proprietors request subscribers to write their orders in favour of J. A. Carfrae, Esq., Medical Times Office.*

THE MEDICAL TIMES.

Saturday, January 29, 1842.

TO THE MEDICAL STUDENTS OF GREAT BRITAIN.

—— Human rights, the only good
And blessed strife in which man draws
His powerful sword on land or flood!
Moore.

Gentlemen!—In London, ye are counted by thousands, in the provinces ye number your tens of thousands; ye are high-spirited, noble-hearted, men of learning most of you, men of science all; burning for distinction in the high field of mental enterprise, panting to inscribe your names on those everlasting pyramids formed of the hearts and dedicated by the gratitude of mankind to the philanthropy of its Hippocrates, its Harveys, its Sydenhams, and its Jenners—and out of you is to be formed that noble body the future faculty of the mightiest, richest, most enlightened empire the sun ever warmed with its beams. How say ye, Gentlemen? Have ye no interest in Medical Education? No interest in Medical Government? No interest in Medical Jurisprudence? In a word, is the question of Medical Reform, with all its momentous personal, and public, intellectual and social relations, a question which concerns ye not?

Gentlemen,—do you think your system of education the most perfect the enlightenment of the nineteenth century can devise? Do you consider your drug-pounding apprenticeship the most calculated of occupations to elevate the character or enlighten the head? Do you imagine the teachings of grinders your best sheet-anchor by the patient's bed-side? Do you like much lecturing and little learning? Are you convinced that high fees and low qualifications are as ennobling to your profession, as they are profitable to your governors? If so, gentlemen, stir not—be what you have been—silent, inert, powerless, contemned!

Are you satisfied that the healths of your countrymen, the interests of yourselves, shall depend for their protection on the full or empty state of ignorant corporators' money chests? Are you content that a company of apothecaries, a guild of ignorant traders, a drug-dealing partnership of shelved superannuations, shall hold your destinies in their irresponsible hands, wielding at will the fortunes of whole lives, by laws that represent but the caprices, the prejudices, or the pecuniary wants of their makers? Have you no repugnance to the misbegotten abortions' existing not for you nor for society, but you and society for them? Remain tranquil and disunited, and we shall know your unworthy answer!

Cast your eyes, gentlemen, on many of your brethren in practice Condemned to pass through the useless drudgeries and nominal duties you are passing through, they spent fortunes and much time as you are spending them, to master whatever medical science has learned from experience; they laboured unremittingly, as the best of you labour, mindful that their own fortunes, with the weal or woe of all that might depend on them, were staked on their success; and now behold them without a voice in the government of that profession in which they paid so dearly to obtain admission—their practice shared by an inundation of rivals whose qualifications were their fees—or destroyed by encroaching Druggists, and ignorant empirics; their toil, knowledge, skill, useless, save as they enable them in ruin to understand the principles on which unpunished and affluent interlopers maim or murder their countrymen! Stir not, gentlemen, and their fate will be yours! Hodie mihi, cras tibi!

To what then would we urge you? To rally together, to unite, to concentrate your energies, to teach the world you know and feel your grievances—can point to their remedies—and take the steps that promise an improvement. We want, and we must have a Students' Association! The movement, if we are informed aright, is already commenced. Two or three have already gathered themselves together. The rock has been smitten and the fountain has gushed forth that is to form the mighty river! The movement *has* commenced! Students, we call on you to join it!

Whatever motives for action your senior brethren have, *you* have—with more. Medical misgovernment has nearly done its worst with them. Your immolation is but commencing. The wheel of time must be turned back e'er they can receive full justice; you have but to be true to yourselves to start aright from the outset. Your power is greater—theirs is but a moral power of opinion; you have, with that, a stronger physical support—you bear the purse. Your funds form the main prop of the corporations;

all their abuses are nurtured by your fees. The power of stopping the supplies has been the main guarantee of English freedom. Unite, gentlemen, and the same power will be the security of Medical right.

We are on the eve of great events. This session may not bring them, probably will not, but they are near. The decree has gone forth against medical corporations, and whatever the varieties of wrong with which hasty and ignorant legislation may replace those corrupt excrescences of the buried carcases of long dead ages, this truth is clear as the brightest discovery of enlightened science, that their destruction as irresponsible ill-doers is nigh—even at our very doors.

On the very brink of this important change, your seniors stand listless and inert, as if lulled by the ambiguous reports of the corporations, their sham-negotiations and delusive tenders. Let no new element be introduced into the subsiding agitation, and the profession after all its movements will be outwitted. It is for you, gentlemen, to leaven the inert mass! It is for you to declare that the wily debtors shall not cheat us with flattering promises and a nominal dividend! It is for you to warn the profession of the danger they incur of having the whole peccant *substance* retained while amused with large changes in *shadows*. The moment is opportune—will you seize it? Be as you have been, and all our changes will be like the turnings of the moribund, toilsome changes of position, with no change of malady. Be as we implore you to be, and you will stamp the new events with the image of your likeness, and give them a sterling value to science and posterity!

Your teachers—some too not undistinguished—justify their uncommunicativeness, their distance, their *hauteur*—how we have grieved to note such things!—by an humble estimate of your moral and intellectual qualities Arise then, and by the moral dignity of your new position, respectfully shame them out of their error. Your detractors, who know you not, declare you thoughtless, aimless, with no sentiment beyond the hour's gratification, and powerless of an effort for a weal common to many. Arise, then, in the grandeur of arrayed numbers, in the might of united wisdom, and silence the slanderers. In the name of social good, of intellectual progress, and by the sacred claims of justice, again we bid you arise, to collect your numbers, to bind together your strength, and fulfil the high mission our era has charged you with. United, your every move is power; just, your every step is a victory of right. Medical Students of Great Britain, arise! unite! act! remembering in your busiest as in your most powerful hour, that the secret of your strength, as the bond of your union, is *prudence*—peace, order, respect where respect is due—again, we repeat it, PRUDENCE!

WESTMINSTER HOSPITAL MEDICAL AND SCIENTIFIC SOCIETY.

THE annual dinner of this society was given on Thursday, the 20th instant, at Fendell's Hotel, G. Williamson, Esq., in the chair.

In addition to the members, and the students of Westminster Hospital generally, there were present several general practitioners, with guests from students of Guy's Hospital, King's College. &c., &c.

When the cloth was removed, and the usual loyal and national toasts had been given, the Chairman rose and gave 'The Universities of the United Kingdom.'

Mr. Deazely, M.R.C.S., returned thanks, declaring that they were the real ornaments of the learned professions, and the brightest luminaries on the terrestrial globe, which radiate literature and science through every part of the known world. What can be more noble—what can be more glorious to a proud and powerful empire, than those types of admiration through whose instrumentalities the moral and intellectual faculties of mankind are cultivated?

Mr. Lane, the vice-chairman, proposed 'The College of Physicians and Surgeons,' and in a neat address referred to the distinguished men who belonged to them, and made some excellent remarks on the necessity of their reform. The latter sentiment was rapturously received.

This toast was followed by the 'Death Knell,' excellently given by Mr. Hatton on the pianoforte.

The next toast was 'The Society.'

Mr. Lane responded, bearing high testimony to the zeal and ability shown by Messrs. Kay, Williamson, and others, in founding the society, and trusting that a school and hospital which had produced such surgeons as Carlisle, Guthrie, and White, would realize the expectations entertained of it, and yet occupy a high place among the schools of the metropolis.

Mr. Shuter replied briefly to 'The Staff of Westminster Hospital.'

Mr. Lane, in a neat speech, proposed the Chairman, who, after eloquently returning thanks for the special warmth with which his health had been received, said, "Nor can I sit down without thanking you, from the bottom of my heart, for your kind allusion to the land of my nativity—a land whose unsullied heather I have trod, and whose lofty hills I have gazed on; dear land! whose intellectual liberty and moral worth have rendered thy thistle invincible, and thy sons successful in every clime and under every sun—that innate love of thee that shed a halo of departing peace around the last moments of a Moore and an Abercrombie—that imagination which shone forth in the works of our Scott and our Burns, that sterner stuff that developed itself in the writings of our Reid, and last though not least the moral thunders of our Chalmers and the erratic genius of our Wilson, it is the association of names like these that have made me thus enthusiastically reply, for cold must be that man's heart that does not respond to such an appeal. Pardon this digression, and allow me to thank you for your unmerited kindness, and may all prosperity which this transitory scene can give be the lot of each and all of you; may your domestic altars and firesides be what they ever have been—the abodes of virtue, and the homes of the free! may peace, and plenty, and high moral worth, combine to produce a generation of successors worthy of the name they bear in the land that gave them birth. Accept of these my last and most grateful thanks.

The next toast was 'The Success of the Societies and Associations of the London Medical Schools.'

Mr. J. B. Langley, of King's College, rose and said, that after the eloquence of former speakers, and especially of the Chairman, he could hardly call upon them for that attention which some subjects to which he was about to allude surely merited. Mr. L. then proceeded to show, that while the students of the medical profession meritoriously engaged in all such societies as would increase their knowledge, and better qualify them to fill that station in society in which they had a right to move; while literature had of late years appeared more prominently in the subjects to which they devoted their attention; they had totally overlooked their prospects—the station of the profession in a political point of view, and that they (the students) were the proper agents of effecting its reform—for the alterations were for the benefit of the students, affected *their* prospects, and it was their duty and their interest to unite and demand their rights.

Mr. Gell, of King's College, in rising to reply, brought before the attention of the company an association which more particularly called for their support. "Still, being as yet but in embryo, (Mr. Gell remarked,) and therefore unknown, he felt himself excused in trespassing, for a short time, to explain its objects and constitution. Called upon, as students, to effect our emancipation from our present degraded position, the first object of the association is to secure that union, without which all individual effort would be unavailing; next, to establish a body from which the general opinion of students may be elicited; and what may be of the most importance, to organize a force which may exhibit a determined resistance, when resistance may be required."

This subject has been already alluded to in the Medical Journals. All the various schools are ready to co-operate, and to determine to found the association.

The Chairman then proposed 'The Integrity and Liberty of the Press,' and referring to the reforming press, as distinguished for its untiring and unbiassed attacks on the strongholds of ignorance and quackery, which, he was sorry to say, had cast a cloud over a profession which ought to stand based on moral truth, and supported by science and education. said, that not only was the standard of education reduced to a very low ebb, but the practice of the profession had been degraded, and its purity sullied by associations beneath its dignity, and beyond its legitimate scope. It was to strike deep at the root of those stigmas on science that the reformed medical press had bravely rushed into the breach, and exposed the monopoly and despotism which disgrace our hospital government. "Can I look," said he, "*back* to the most important services of our old friend the Lancet, or can I *now* look on the modern and powerful efforts of the Medical Times, without congratulating myself that talent so great is enlisted in so righteous a cause. What if our seniors are apathetic, and if genius must be driven to other climes more genial, we may yet hope that the reforming press will reiterate its demands till the legislature shall be compelled to grant us the protection we demand, and that the well-educated practitioner of this country shall be respected and revered. Let us drink, with heart and soul, the Lancet and Medical Times, the *reformers of Britain*."

(The enthusiasm with which the reference to the 'Medical Times' was received was beyond description.)

A gentleman connected with the 'Medical Times' responded, by invitation, to this toast, expressing his very deep sense of gratitude for the marked way in which they had received the mention of that Journal's name, and announcing, amidst much cheering, those views in

reference to medical education, which it is the boast of our paper to support. His assurance, that the Editor (with whom he enjoyed the honour of intimate and deferential acquaintance,) took the deepest possible interest in the position of the medical students, was received with rapturous applause.

Several other speeches were made, among the rest one by Mr. Clark, of the Lancet, who expressed the pleasure he felt in finding the toast of the 'Medical Press' so eloquently responded to by the representative of the Medical Times, and announced opinions almost equally staunch in favour of Medical Reform.

The meeting, which was enlivened at intervals by songs and music, given in the highest style of the art by various Gentlemen present, dispersed about one o'clock.

DEATH OF A WOMAN IN CHILD-BIRTH AT POWICK, UNDER NEGLECT.

On Monday, 17th inst., an inquest was held at the Swan, Pole Elm, in the parish of Powick, before W. S. P. Hughes, Esq., on the body of Jane Reeves, who died in child-bed on the preceding Thursday. The following is the evidence:—Samuel Reeves, of Powick, labourer: I am husband of the deceased; made application for medical assistance for my wife on *Tuesday morning;* first to Mr. Dancock, about eight o'clock, Mr. Dancock was not at home; I told his wife what I wanted; she said she could not give me an order, nor did she refer me to any one. I went to Mr. Henry Herbert, a gentleman I knew near me. He is not a guardian; he gave me a note to go to Mr. Mears, the Union Doctor. I found that Mr. Mears was from home, and that Mr. Davis, of Powick, attended to his patients. I went to Mr. Davis, and he accompanied me home. *That was on Tuesday evening about eight o'clock.* I went again for Mr. Davis on Wednesday morning, about seven o'clock. He returned with me. My wife got worse, and the midwife sent me again to Mr. Davis. That was in the afternoon. I saw Mr. Davis and told him my wife was worse. He said he was very unwell, and that from what I said the midwife might make herself easy. I returned without Mr. Davis. I went again to Mr. Davis the same evening between seven and eight o'clock, my wife being worse; Mr. Davis was then gone to bed: I sent a message to him by his housekeeper that my wife was worse, and asking him to come or send something. He sent word that he was so unwell that he could not come, and that if the midwife was dissatisfied she might get who she liked. I then went to Mr. Herbert, and told him what Mr. Davis said. Mr. Herbert then wrote a note for me to take to Mr. Turley. It was about half-past nine o'clock on Wednesday; I got to Mr. Turley's, and I got back to Mr. Herbert's past eleven. Mr. Herbert was then gone to bed. At Mr. Turley's I was detained by Mr. Turley being from home, and in going to Mr. Bishop, his assistant, who brought me the answer to take to Mr. Herbert. When I got to Mr. Herbert's I found he was in bed. I returned home with the note. The next morning about half-past six o'clock I went up with the note to Mr. Herbert. I did not see Mr. Herbert before a man came from Mr. Dancock's, who had followed me up to Mr. Herbert's, to say I was to go to Mr. Dancock's. I then went to Mr. Dancock's and got an order for Mr. Turley to attend. That was about a quarter past seven o'clock. I took it to Mr. Turley, and delivered it to him between eight and nine o'clock. He said his assistant, Mr. Bishop, should follow me immediately, which he did; Mr. Bishop saw my wife about half an hour only before she died.

Re-examined: Mr. Bishop inquired, when I took Mr. Herbert's letter to Mr. Turley, *who was to pay him!* I replied, no doubt Mr. Herbert would, and if I had the money in my pocket I would give it him then.

Thomas Davis: I am a surgeon, residing at Powick. When the husband of the deceased came to me on Tuesday evening I was suffering from a cold. I made no objection on that account to attend. On the following morning I attended the deceased again, but was then suffering severely from cold, so much so that after I returned, feeling worse, I went to bed about four o'clock. The husband had come to me about three, before I went to bed. From his report I did not feel it necessary to go to the deceased at that time. He came again about half-past seven. I was then in bed. The message he brought was that Mrs. Shuter felt alarmed at the appearance of the woman, and wished me to send something to force on the labour if I could not go myself. I said I could not trust the thing out of my own hands, and I directed the husband to go immediately to Mr. Mears' lodgings, and direct them to send the medical gentleman who attended Mr. Mears' patients in Worcester, and for him to go immediately to the assistance of his wife. I did not send a note but a message. I likewise told him to say I was so ill I could not attend. I heard no more of the case until Mr. Herbert came to my house the following day, between seven and eight o'clock on Thursday morning. He informed me no one had been to the woman, but that he would send some one on his own responsibility to her assistance. I was then too ill to leave my bed, as I had been the previous evening. Mr. Mears met me in Worcester on Saturday week last, and asked me to attend his Powick patients, as he was going to consult a medical friend in London respecting his own case, he being an invalid. I said under such circumstances I could not refuse, and I undertook the duty. In the present case I received no order from any one, but went from a note from Mr. Herbert addressed to Mr. Mears, which I produce. I have been in practice 25 years, and have had many cases of midwifery.

By the Foreman: From first to last, when I saw the deceased, I apprehended no danger.

Edward Astbury Turley, of St. John's, Worcester, surgeon, produced Mr. Herbert's letter to him, and Mr. Herbert produced his letter in reply. The former stated that at the time of receiving Mr. Herbert's letter he was waiting to attend a patient at Suckley, and Mr. Bishop was actually attending Mrs. Clarke, in St. John's, who was in labour. "I did not attend the deceased or send my assistant until I received Mr. Dancock's letter on Thursday morning. I sent Mr. Bishop then, in consequence of the case I had been waiting at home for not being over. I did not see the deceased until after she was dead. I have since made a *post-mortem* examination with the consent of the husband, for the purpose of satisfying myself as to the circumstances of her death." (Mr. Turley here stated the particulars of the examination, from which it appeared that death had ensued from rupture of the uterus, which had rent across by the force of its own action. The bones of the pelvis were much contracted.) "I had the child weighed; it weighed nine pounds three-quarters. From the size of the child, I am therefore of opinion that it could not have been delivered without an operation which would probably have saved the mother. There is no time that we give to a woman to perform the functions of labour; if we see her sinking we interfere, otherwise we leave nature to its course. I cannot say if I had attended the woman on Tuesday or Wednesday that I should have had recourse to assisting her in labour; probably I might have given her medicine which we all use on such occasions, which would have produced the result which happened—the tearing of the uterus by its own action! I don't think I should have had recourse to removing the child by operation, because I should have relied upon the deceased having had so many children, and rather had recourse to medicine, which would have produced the result, causing her death in all probability at an early period.

William Henry Bishop, assistant to Mr. Turley, said he saw the deceased for the first time on Thursday morning. Considered a rupture of the uterus had taken place, and that medical assistance was useless. This witness confirmed the evidence of Mr. Turley as to the appearances on the *post-mortem* examination and the unusual size of the child, and said he believed it impossible that a delivery could have taken place by natural means, but that if he had seen the deceased on Wednesday, he thought he should have had recourse to an operation for the removal of the child, considering the time labour had been going on and the sinking state in which the woman appeared to have been.

Ann Shuter, the midwife, was then examined, but her evidence introduces no new fact. The jury recorded the following verdict: "That the deceased died in child-birth, and that her death was occasioned by a contraction of the bones of the pelvis, and the unusual size of the child, which produced a rupture of the womb; but we consider Mr. Davis guilty of inattention in not having provided assistance when himself unable to attend." The jury might also have censured with propriety and advantage the custom of employing midwives by country Unions.—*Abridged from the Worcester Chronicle.*

ANIMAL MACNETISM.

To the Editor of the 'Medical Times.'

Sir,—I shall feel very much obliged by your giving the accompanying remarks a corner in your valuable publication, provided that you deem them sufficiently interesting, and that I am not trespassing too much on the limits of your journal.—I remain, Sir, yours much obliged,

J. L. Barrallier, M.R.C.S.L.

Milford, January 15, 1842.

For a detailed explanation of the theory and phenomena attributed to a state denominated the "monotonismie," vide the 'Medical Times' for January, and containing a full report of Mr. Duncan's lecture, at which lecture, as well as those recently given by Mr. Braid in Manchester, and Captain Brown in Liverpool, it has been endeavoured by the respective lecturers to prove the identity of "Animal Magnetism" and "Monotonism."

In an eloquent address at the termination of one of M. Lafontaine's late soirées mesmeriques, held in the lecture-room of the Manchester Athenæum, Doctor Cantor took a luminous view of the phenomena as producible by mesmeric manipulations, and those arising on adopting the "stare." The doctor admitted that the phenomena produced by the latter plan, are certainly to a very considerable extent, analogous to those producible by "Animal Magnetism;" nevertheless, qualifying this admission by the following well-known fact, that if a person puts his finger into a fire, or into a freezing mixture, the same effects are produced, although the causes are widely different.

Mr. Catlow stated at Mr. Braid's last lecture, that "M. Lafontaine has done enough to show that your experiments have furnished a key to certain facts." Mr. Catlow considered M. Lafontaine's method of holding up the leg a piece of legerde-

main, and that he did not give Mr. Braid credit for understanding the theory of the thing, although he admitted that Mr. Braid had certainly hit upon a mode of experimenting for which he deserved credit.

Instead of M. Lafontaine having furnished a key by showing the experiments after the manner of Mr. Braid, I think the latter gentleman has unpicked the lock of "Animal Magnetism," and that "Othello's occupation" is now nearly gone.

When M. Lafontaine was experimenting in Manchester, he positively declined subjecting any of his mesmeric patients to the "stare," lest the latter method might in any wise interfere with their susceptibility to being acted upon by mesmeric manipulations, as well as lest the "magnetic state" produced by animal contact, and succeeded by the "passes" might either be altered or modified after their being "monotonised." Whether this supposition be true or not, or whether a susceptibility can be induced by first "monotonising" a subject previously ascertained to be non-susceptible to Animal Magnetism, that after three or four successful attempts by "monotonism" can then be placed in an apparent state of magnetic sleep "by mesmeric manipulations"—whether this state of magnetic sleep is the same as that produced by Lafontaine on his own patients solely by mesmeric passes, I am not able positively to state; my impression is, that ultimately it will be admitted to be so, and also that a state of mere somnolency can be produced by the force of the imagination alone, differing from "Animal Magnetism," and the state as called by your contributor of last week "the monotonistic." The latter state, entirely the result of an active imagination, was, I think, the only one produced on the interesting little girl at Mr. Duncan's lecture, and satisfactorily accounts for the non-subjection of the various severe tests that real magnetic patients are enabled to resist, for the best of all reasons—that they are entirely insensible. Mr. Duncan's patient was probably not even monotonised, but from fatigue occasioned by the stare most possibly closed her eyes, previous to the proper effect, that is, the monotonistic state taking place, when what resulted was from the mere force of imagination; where the rigidity of the muscles are less, ammonia produces more than its usual effects, where there is, in fact, increased exaltation of all the five senses—accounting for the readiness with which such patients obey any commands. That a third or mere somnolent state exists, I hope to be enabled to prove, as well as that the "monotonistic" state as discovered by Mr. Braid, is capable of bringing into active play the latent susceptibility that most possess, of being magnetised by mesmeric manipulations, which otherwise might have remained dormant.

On the third attempt of monotonising my mute patient, he was affected in ten minutes, both eyes closing at the time when he was affected. At the fourth trial, I discarded the cork, taking hold of his left thumb, the ball of which I placed in contact with the right of my own, retaining it in this position for thirty seconds, when I commenced the passes close to and extending over the entire face. In two minutes his eyes closed, I raised one arm, which maintained a given position half an hour, when as before it fell to his side. On being extended again, it maintained a given position for the space of forty minutes, when I restored him. On the fifth trial, I directed the youth to close his eyes, after which I seized his left thumb, and proceeded as on the last occasion, in two minutes and thirty seconds he was affected. The muscles were as rigid as usual, capable of the same continued acting, and the countenance assuming the same peculiar expression, whether he was acted upon by the stare, or by the effect of mesmeric manipulations. Up to this time his hearing improved.

On the sixth evening, being eight days from the first trial, I directed the youth to close both eyes. I stood opposite to him at a distance of near a yard, I neither touched him, nor made any passes. In two minutes he appeared asleep; there was not any change in his countenance. I extended one arm, which fell to his side in eighteen minutes. I again extended the same arm and one leg; the former fell in five minutes, the latter in eight. I now found that he could not maintain any given position longer than three minutes. The head approximated his chest, and his appearance was that of being asleep. I seized one arm and shook it violently; I rotated his head very sharply, without awaking him. When he had been an hour this way, I put a bottle of Lig. Ammon. F. under his nose; he immediately turned his head to one side, but it soon resumed its former position; both eyes watered freely. He deliberately felt in his pockets for his handkerchief, with which he blew his nose. After the application of the ammonia the nose was of an intense scarlet, as if suffering an attack of acute inflammation. Fifteen minutes after the application of the ammonia I restored him. He stated that his hearing was worse than before this last trial, and the sensation this last time was merely like his ordinary sleep, to which it certainly had a great resemblance.

This last effect was clearly from the force of imagination. The muscles were scarcely rigid, and incapable of maintaining a continued action for any length of time as compared to previous trials.

The effects successively developed in this youth clearly show that, in the first instance, he could not be magnetised until after he had been several times "monotonised;" that the latter produced the latent susceptibility of the former; and lastly, that the imagination produced another state, differing from the preceding two.

I successfully monotonised two females, and after three such trials they could be magnetised by "passes." Whether the latter be the true magnetic state, owing to their being previously monotonised, I cannot say; under all circumstances, Mr. Braid's discoveries open a wide field for inquiry, and I at once admit, that from what I can see, I believe that the real "monotonistic state" and "Animal Magnetism" are very analogous.

STUDENTS' ASSOCIATION.

FELLOW-STUDENTS,—Three numbers of this journal have appeared since I last addressed you on the subject of your grievances. The interval as been employed in maturing plans which shall tend to effect their destruction, and to permit us to enter a liberal and ennobling profession through a no longer incompetent and debasing education. To be regarded as holding an equivocal position in society—to be treated with contumely by our teachers, or, at most, with little consideration—to be exposed to unnecessary and galling restrictions—to be compelled to menial services—to support our oppressors in their privileges through the exaction of an inordinate fine—to look forward to mistrust, and often to insult from the public—to see the science which we venerate made the livelihood of impostors, and humanity itself outraged by the ignorant pretenders allowed to practise it—all these considerations must arouse in you a sense of the necessity of reform, the strong determination to assist in its accomplishment.

Let your resolutions direct your deeds; let your deeds be an offspring worthy of your resolutions. Remember—

> The flighty purpose never is o'ertook
> Unless the deed go with it;

nor deem your posture one of insubordination; it is but a position of respectful defence in the cause of common justice, of your own rights, and of humanity.

The necessity of reform being then established, the conviction being impressed upon you that your exertions ought to be called forth for its accomplishment, it only remains that such a plan of operation should be suggested as shall secure the requisites for success. The most important of such requisites is union; not the mere union of assent, but the active union of *expression* of that assent.

It is not for us to prescribe the terms or mode of reform; but shall this be a reason for our making no complaint? Shall the patient never mention his disease because he is incapable of selecting his own remedies? Or shall the slave submit for ever to his thraldom, because he has it not in his own power to destroy his oppressor? There are natural and moral rights which we possess which the enactments of a Medical Corporation can never supersede, and there are authorities who, if properly appealed to, will vindicate those rights, and by securing them to us, inflict at least a negative punishment on those who have unfeelingly encroached upon them. To these authorities—the legislature of our country—we must appeal; and by the unanimity and universality of our expressed opinion, induce them to respect our voice. Let, then, a memorial of our grievances be prepared, and a petition for their redress presented. Already steps have been taken to carry these objects into effect; and at no distant period, should you respond to this call, a meeting of our body will be convened to ratify the memorial and petition. Some of the provincial schools are now awaiting your decision, and will follow in your steps. Shall they expect in vain?—I have the honour to remain, your obedient servant,

G.

London, Jan. 19, 1842.

PTYALISM FROM SMALL DOSES OF MERCURY.

To the Editor of the 'Medical Times.'

SIR,—In confirmation of Dr. Thompson's remarks in your last number, on the occasional production of ptyalism from a small quantity of mercury, I beg to trouble you with the following case; it occurred in my practice many years ago, but made such an impression upon my mind at the time, that I have never forgotten it. I hope it may have a similar effect on the junior branches of the profession, for whose instruction I crave its insertion:—

A middle-aged woman applied to me labouring under the common symptoms of dyspepsia, for which I gave her two pills containing three grains of calomel, and five of cathartic extract, to be taken at night, and a black draught for the following morning. On calling to see her the next day, I found her, to my utter astonishment, in a state of complete salivation. "Oh, Sir," said she, "you have given me mercury. I do not blame you," she went on to remark, "for I ought to have told that that medicine always produces salivation with me, no matter almost how small the dose."

Some years afterwards, to test the truth of her statement, I tried the thing again, and with precisely similar results.

I should observe, in explanation of the almost professional manner in which she alluded to the circumstance, that she had been some time employed as a nurse in a public hospital at Plymouth, prior to her removal to this place.—I am, Sir, &c.,

W. THOMAS, M.R.C.S.

Pembroke Dock, 17th Jan., 1842.

EXTRACTS FROM FOREIGN JOURNALS.

For the 'Medical Times.'

FRENCH.

Intermittent Fever reproduced every seventeen days. By an Officer of the African Army. Communicated by Professor Romané.—The following case becomes interesting from the lengthened period of the intermission. Those instances where the fever returns after a longer interval than four or five days, have been hitherto sufficiently uncommon. After eight days, the relapse has been still more rare. But there have been a few cases in which, as in the following, the fevers have returned several times, and in distinct relapses, after a period of seventeen days. The author reports the case as occurring in himself.

CASE.—After two years stay in Africa, I returned to France in good health. Although I had always dwelt either at Bona, or in the camps in the province of Constantia, which are considered the most unhealthy parts of the regency, I had only experienced during this time two attacks of intermittent fever, and when I quitted Algiers for Toulon in the month of March, more than three months had elapsed since my last attack. During quarantine, the increased coldness of the temperature induced an attack of

pulmonary catarrh, attended by a degree of fever which quickly disappeared. At the end of six weeks, under the influence of the return of fine weather, a fit of ague appeared, which lasted two or three hours, and returned the next day, but was overcome by a few doses of quinine. Some time after I experienced a relapse, which, after three or four accessions, yielded to half a drachm of quinine. A second relapse confined me again to bed, but disappeared under the use of the same remedy. After some time, a fourth attack of fever made me remark a certain regularity in the return of the disease, and after calculating the interval which had elapsed since my last attack, I resolved to observe the length of that which separated my new cure from the fifth relapse which I fully anticipated. It, in fact, happened on the seventeenth day from the last accession. The after attacks were similar. After trying various remedies, such as leeches to the epigastrium, blisters, purgatives, spiced wines, &c., the relapses still continuing at equal intervals, I resolved to prevent them by taking the sulphate of quinine in advance. I succeeded perfectly, and believed myself perfectly rid of the intermittent fever; but on the thirty-fourth day a new accession again awakened my fears. From this period I regularly took the quinine on the sixteenth and seventeenth days during three or four months, after which the fever did not return. It had lasted about a year, without including the last three months, during which I had been treating myself for it. For a year afterwards the bowels were in an irritable state, and the urine red and bloody. Time and regimen have removed these latter symptoms.

A very remarkable case of one fœtus contained in another. By M. Schœnfeld.—CASE.—A woman, 28 years of age, already the mother of several children, had the last labour lingering, but still it terminated naturally. There was nothing remarkable but the quantity of the amniotic waters, (five pints,) and the size of the placenta, which was a third larger than natural. The infant had a double scrotal hernia. The abdomen large, indolent, and smooth, gave a dull sound in the epigastric and umbilical regions. All the functions were languid, and it died three hours after its birth in an apparent state of asphixia.

Autopsy.—The abdominal parietes being separated, there was discovered a species of cylindrical cord which ran along with the umbilical vein, from the liver towards the opening of the navel, of a fibrous appearance; it had a thin sheath of cellular tissue, was composed of a vein and one artery, and passed by a rather large infundibuliform opening into the substance of the liver. Almost the whole left side of the abdomen was occupied by a sac filled with reddish water, in which was an embryo about sixteen centimeters in length. This sac had various adhesions with the neighbouring abdominal viscera. The embryo presented the following peculiarities:—the union of the parietes of the thorax on the median line had not taken place; it was also affected with encephalocele, and various abdominal hernias, and its limbs were in a rudimentary state. It was suspended from the liver by its cord which passed along the inferior surface of this organ, and was inserted into the umbilical cord of the infant, for there existed no trace of a placenta in the amniotic cavity. The cord did not become free till it had traversed nearly a third of the substance of the liver. In the space comprised between the inferior part of this organ and the embryo, were the abdominal and thoracic organs, circumscribed, as it were, by the rudimentary lateral prolongations of the trunk. In the midst of these organs, which were mostly but little developed, and confusedly grouped together, might be distinguished the lungs, which were exactly in the same state as towards the end of the second month of embryonic life. Two probes introduced into the umbilical vein and artery of the embryo, appeared near the middle of the shapeless mass which we have been describing. The presence of this embryo had displaced on all sides the abdominal and thoracic viscera.

The hypotheses hitherto advanced in explanation of occurrences of this nature, may be reduced to

1st, The original inclusion of the one ovum within the other, and their simultaneous fecundation. But we have no proof of the existence of these originally monstrous germs.

2nd, The formation of one ovum from two germs. This is the cause of those monstrosities by fusion of the organs of two fœti, but we cannot attribute to it this case of M. Schœnfeld. since in this there was not the combination or fusion of two individuals, but a simple inclusion of the one within the other.

3rd, The inclusion of one ovum, or a very young embryo in another embryo anteriorly conceived, and already more or less developed. Thus two ova may be fecundated by two successive generative acts, provided that the second coitus be exercised before the ovum fecundated at the first connection has arrived in the uterine cavity. This is the doctrine of superfœtation.

4th, Lastly, the inclusion of one ovum or embryo within another conceived at the same time. Two germs fecundated by the same coitus may be developed up to a certain period, when, by some accident, one or the other dies. This is the phenomenon of double conception.

This case, M. Schœnfeld thinks, should be referred to one or the other of these two latter causes, not only because there was but one placenta, and that an anastomosis was formed between the two umbilical cords, but from the circumstances accompanying the fecundating coitus in the mother. The author says that this woman experienced a great fright towards the sixth month of her pregnancy, by being surprised in the act of copulation, and that she received some bruises on the hypogastrium directly afterwards. The author adds that this is a case of monstrosity, by penetration of the germs, which we should be careful not to confound with that by fusion, two kinds of monstrosities essentially different, since in the latter there is primitively but one ovum, produced by a single fecundating act, and containing two germs; whilst in the first there are two distinct ova fecundated at the same act, or at two distinct acts, more or less near each other, so that the descent of the one ovum into the womb precedes, by some days, the arrival of the other.

MEDICAL NEWS.

BRITISH MEDICAL ASSOCIATION.—The following is the report of the interview of the Committee on illegal practice with the Court of Apothecaries. "The Committee on illegal practice, appointed by the Council on the 2nd day of November, ult., *report*, that having met on the 16th of the same month, the following resolutions were adopted:—First, That for the safety of the public, and in justice to the profession, it is desirable that the British Medical Association should endeavour to assist in putting an end to illegal practice.—Secondly, That with this view the secretary be requested to write to the secretary of the Apothecaries' Company, requesting an interview with the members of that court, in order to ascertain if they intended to follow up their prosecutions for illegal practice, and whether the co-operation of this and other societies would be desirable in pursuing this object.—Thirdly, That in the opinion of this Council any person prescribing and dispensing medicine for gain for himself or another acts as an apothecary, and if unlicensed, is liable to the penalties imposed by the Apothecaries' Act for so doing.—Fourthly, That in the opinion of your Committee the Association should not countenance the prosecution of any individual who is a member or licentiate of any legally-constituted college, or medical corporate body, in the United Kingdom. —" Your Committee further report, that having had an interview with the Society of Apothecaries, by whom they were politely and courteously received, Mr. Davidson, the chairman of your Committee, stated the objects of this interview, in furtherance of the foregoing resolutions —In answer to a question from your Committee, whether the decision in the case of Greenough was sufficiently definitive as to the state of the law respecting the practising of chemists and druggists, Mr. Upton, solicitor to the Company, stated, that he never for a moment doubted the interpretation of that clause of their Act, confining chemists and druggists to the compounding and selling of drugs; and he mentioned this, because it appeared to him that the majority of medical men considered it as something new; at the same time, however, he thought it of great importance, as it afforded a powerful precedent for future decisions. He then gave an outline of the number of cases in which the Company had been appealed to, to prosecute within a certain period, and explained the manner which the Company usually adopted in such appeals.—The Court of Apothecaries also informed your deputation, that they were at all times ready and willing to carry into court any case that might be submitted to them, sustained by sufficient legal evidence.—In conclusion, your Committee think the council of the British Medical Association, *as a body*, could not appear in the light of prosecutors, but apprehend they might consistently lend their *moral* support to any measure tending to the suppression of unlicensed and incompetent practitioners."—C. H. ROGERS HARRISON, Hon. Secretary.

[We are indebted for the statement of this grand proceeding, with its momentous result, to the 'Lancet.' The statesman-like functionaries of this hitherto, alas, lamentably-conducted body, think it essential to the utility of the Association to limit all knowledge of itself and doings to the readers of the 'Lancet.']

INSTITUTE OF FRANCE.—*New Researches on Diabetes Mellitus. By M. A. Bouchardat.*—In a previous memoir M. Bouchardat established a complete theory of diabetes mellitus, and established the connection which exist between the ingestion of feculent aliment and the production of saccharine urine in diabetes mellitus (Glucosurié). It remained to establish the therapeutic indications that naturally flow from these researches, and to perform the difficult task of obviating the difficulties that occur in the treatment.—The first step was to induce the patients to abstain continuously from common bread; a difficult task, for despite the most urgent injunctions and surveillance, the great majority yielded to the temptation before the termination of the treatment; the amelioration obtained then disappeared, the symptoms returned in an aggravated shape, tubercles formed in the lungs, followed by death. These events enabled M. Bouchardat to ascertain that the sugar disappears from the urine during the few days preceding death. This fact, apparently indicating an amelioration, is however easily explained, when we reflect that the patients abstain from all food, including of

course feculent aliment, for some days previous to death. M. Bouchardat, in his new researches, employed the polarisation apparatus of M. Biot. Two objects were principally kept in view:—1st, to discover an aliment which would replace bread without producing its ill effects; 2nd, to restore the economy to its natural condition, profiting by the interesting experiments of the commission on gelatine, respecting the essentially nutritious properties of gluten. It occurred to me (says M. Bouchardat) to prepare with this substance an aliment in lieu of bread. The difficulty of preparing gluten for daily use was an obstacle, but it occurred to me that the Societe d'Encouragement had granted a prize to M. E. Martin for having isolated gluten during the preparation of starch. I therefore applied to this eminent manufacturer, who zealously entered into my views; but notwithstanding all his efforts, it was always necessary to add a fifth part of fecula to obtain a light bread and of an agreeable taste. This result, though not perfect, is yet a great improvement, for two hundred grammes of this bread, with a sufficient allowance of fresh meat, would constitute a sufficient diet, and the quantity of fecula ingested daily would amount to but thirty-five grammes.—The question of restoring the economy to its natural condition was much more difficult, for the solution required an exact knowledge of the nature of the disease. Diabetes is not a malady connected with irreparably structural lesions; no organ essential to life is primitively affected. It is an aberration, but a rebellious aberration of the functions. Organic lesions, as pulmonary tubercles for example, are secondary. The primitive affection, therefore, should be curable, and if not so hitherto, the reason is that the true cause of the disease has escaped us.—The following considerations guided me. The acid secretion of the skin is suddenly and completely interrupted in diabetes; and here is one decided cause of disturbance; the secretions of the mucous membrane, and of the glands of the digestive organs, are altered in their chemical composition; as a consequence of this suppression of the cutaneous exhalation, they become almost completely acid in lieu of being alkaline.—We must not conclude that the superabundant acids in the digestive organs react on the fecula and change it into sugar, for I have ascertained that mineral or organic acids have no influence in converting fecula into sugar at the temperature at which digestion is effected. We must, however, bear in mind, that whenever the organic acids exist in quantity, we encounter that modification of albumen which acts in converting fecula into sugar, as in the ripening of fruits. The same coincidence probably occurs in diabetes, and the origin of the disease is the suppression of perspiration, and the perversion of the secretions of the mucous membrane, and glands of the digestive organs.—If this hypothesis be admitted, and observation and experience have clearly proved to me the reality of this perversion of secretion, the rational indication of treatment should be directed towards re-establishing the functions of the skin. I know that many fruitless attempts have been made in this direction. Thus, vapour-baths have been recommended by Oribasius, Bardsley, and many others, but I have never seen any evident benefit follow their use. The same is true with respect to sulphur-baths, the hydrosulphuret of ammonia, &c.—The means most effectual in restoring the functions of the skin are, 1st, woollen clothing, in quantity sufficient to keep up constant diaphoresis; 2d, the internal administration of ammonia and opium.—The following cases are examples of the urine of diabetic patients becoming naturally a rare circumstance. M. A., in the vigour of life, for about six months has suffered from extreme thirst, has passed much urine, and has sustained a daily diminution of flesh, strength, and energy. His sight has also deteriorated rapidly.—16th of August, he lived as usual, consuming daily about 500 grammes of bread. Passed about three litres of saccharine urine, dark-coloured, of the odour of whey, of sp. gr. 1.032, rotatory power 7, the length of the tube being 313. It was thence concluded that the urine contained about 52 grammes of sugar per pint, and that the total amount of that principle passed in 24 hours was about 168 grammes.—The treatment consisted in—1. Replacing ordinary bread by that prepared from gluten; 2, wearing a complete suit of new flannel; 3, the use of a mixture containing 17 grammes of carbonate of ammonia, 20 grammes of rue, 20 grammes of syrup, and 100 grammes of water. In the evening a bolus of 2 grammes of theriacum, and 25 milligrammes of opium, was administered. These means caused abundant perspiration, which had been long suppressed; the thirst diminished, as did also the quantity of urine.—This regimen was continued till the 18th, on which day the urine being examined was found acid, more highly coloured, and of a natural taste and smell; the quantity passed was somewhat above a pint, sp. gr. 1.010. Rotatory power, 0. No trace of sugar.—The regimen above mentioned was continued, only that the gluten bread was suspended and the use of common bread resumed. On the 21st the urine was examined. Odour and colour natural—quantity as before, but the sp. gr. was 1.028. Rotatory power 5.5, the length of the tube being 309. The quantity of sugar then is about 40 gr. per litre, but the total passed in 24 hours is only about 62 gr.—Notwithstanding the re-appearance of sugar in the urine, the use of ordinary bread was persevered in, the clothing, however, was made still warmer, and the dose of carbonate of ammonia and of opium was doubled.—25th August, the urine was again examined. Rotatory power, 0. Sp. gr. 1.020. Quantity, characters, and composition natural.—27th. Characters of the urine unaltered. Sp. gr. 1.018. The diabetes is cured. Ten days treatment have sufficed to re-establish the functions of the skin, to restore the strength and energy, and what is very remarkable, vision is now as strong as ever.—M. A., an army surgeon, has laboured under diabetes during two years.—1st September, he consumes about 500 grammes of common bread daily—urine rather deep coloured—slight smell—sacharine, sp. gr. 1.036. Rotatory power 13, length of tube being 314.5 millimetres; thence the proportion of sugar per litre is 97.30. Quantity of urine, 3.50 litres, total amount of sugar in 24 hours, 340 gr. 55.—Gluten bread, flannel clothing, carbonate of ammonia, and opium were prescribed.—11th September, urine amber coloured, sp. gr. 1 030—odour natural—taste saline, slightly sweetish. Rotatory power 8, length of tube 310, proportion of sugar per litre of urine, 60 gr. 76, quantity of urine about 2 litres. Total sugar 121 gr. 48.—The treatment was continued to the 23rd, when the urine was amber coloured, sp. gr. 1.032—smell natural, sweet taste gone. Rotatory power 5, length of tube 309, indicating 38 gr. 10 sugar per litre, or about two litres being passed, 76.80 sugar in the day.—The same treatment was continued till October 4. Density of urine then 1017. Rotatory power 0, quantity 1½ litre, composition natural.—Thus a month's treatment sufficed to restore the urine to its natural condition, and that under very unfavourable circumstances, as the disease had existed upwards of two years. We shall see, however, that we should not be too hasty in pronouncing an opinion, and that the cure was not yet permanent.—The treatment was continued, with the exception that ordinary bread was allowed in lieu of that made with gluten.—13th October, the urine was examined, its sp. gr. was 1030, (a circumstance of ill omen,) smell and taste natural, quantity 1½ litre. Rotatory power, 4.5, length of tube 310—indicating 34 gram. 15 sugar per litre.—Warmer clothing was directed, and the same regimen continued.—22nd October, sp. gr. of urine was 1021. Rotatory power, 0. Smell, taste, composition, natural. The desired result was thus attained, and the cure was not yet complete. In fact the urine being examined 5th of November, presented a natural colour, smell, and taste, but its sp. gr. was 1032, its rotatory power 7.5, the length of the tube being 312 or 56 gr. 30 sugar per litre. Additional flannel clothing was directed, and the dose of the carbonate of ammonia was augmented to 2 gram. daily, and that of the extract of opium to 5 centigrammes.—5th October, smell, colour, and quantity of urine, natural; on cooling, deposits uric acid. Sp. gr. 1034, rotatory power 4, length of tube being 303 or 31.07 sugar per litre.—The treatment was continued.—10th of October, density of urine 1019. Rotatory power, 0; smell, colour, composition, natural.—The same means were still persevered in, and it is to be hoped that the cure will be permanent, despite the frequent slight returns of saccharine urine; for the accompanying symptoms, such as emaciation, debility, thirst, have so completely disappeared, that this case may be ranked amongst the most valuable that science possesses.—On the 15th of November, the urine was again examined, and found to be natural.—At first sight it might seem that these four patients were all submitted to identical influences. They were all treated with gluten bread, and preparations of ammonia and opium, and yet the urine resumed its natural composition in the two last cases alone. The cause of this difference is, that flannel clothing was not employed in the two first cases, while it was employed in the two latter cases. The urine of the two first patients become alkaline under the influence of carbonate of ammonia, that salt was eliminated by the urine, and exerted no diaphoretic effect. In the two last cases the function of the skin was stimulated by the use of flannel, and the carbonate of ammonia did not pass into the urine, which remained constantly acid. When sugar re-appeared in the urine of M. A., additional flannel clothing was directed, so as to keep up constant diaphoresis, and the case terminated successfully.—M. Bouchardat observes, that these facts confirm the theory of diabetes, which he puts forward in his former memoir, and afford a rational method of treatment for this disorder, which has been hitherto considered as incurable.—*Gazette des Hopitaux.*

Societe de Medecine Pratique.—November 4. *New method of extracting Prostatic Calculus.*—M. Guillon exhibited a calculus developed in the prostatic portion of the urethra. The patient was affected by stone in the bladder, and the calculus was discovered during the process of its destruction with the lithotrite. M. Guillon having failed to remove the calculus developed in the prostate gland by means of the urethra forceps, contrived an instrument for the purpose. This instrument consists of a silver canula, furnished at one extremity with two rings, destined to receive the fingers, and also with a pin which screws transversely into the canula. The other extremity of the canula is divided by a septum, and a loop of whalebone (sufficiently elastic to distend the urethra) passed round the septum, with its free extremities projecting through the other orifice of the canula completes the apparatus. M. Guillon passed the canula beyond the calculus, and then pro-

truded the whalebone loop by pushing one of its free extremities; a light rotatory motion of the instrument dislodged the calculus and engaged it within the noose. The whalebone was now firmly fixed in the canula by means of the screw pin, and the instrument, together with the stone, was readily withdrawn from the urethra.—*Gazette des Hopitaux.*

FRENCH DOCTORS.—The elections for the scholastic year, 1842, of the Parisian Medical Society, took place on Thursday. The thanks of the Society having been voted to Drs. Mott, Macloughlin, Ollife, Mr. Bennet, and Dr. Balman, the out-going office-bearers for 1841, the following gentlemen were then elected for the ensuing year:—President, Baron Paul Dubois; Vice-President, Dr. M'Moran; Secretary, Mr. Parrot. The Directors of the Hospitals of Paris have just held their annual sitting for the distribution of prizes. M. Legendre, of the Hôpital des Enfans Malades, obtained the first prize of the first division, a gold medal. M. Tavignot, of the same hospital, the first prize of the second division, a silver medal; and M. Milsent, the prize allotted to *externes*.

M. Boudin, chief medical attendant of the civil and Military Hospital of Marseilles, has sent a memoir to the Academy of Sciences in Paris on the absence of typhoid fevers and complaints of the lungs observed among soldiers who had been in Africa, and were now garrisoned in that city. Since August he had received into the wards 745 soldiers who had been sent home from Africa either invalided or convalescent. The greater number of them were suffering from the consequence of intermitting fever or diarrhœa. During this time the diseases prevalent among the garrison were typhoid fevers and complaints of the lungs; but of the soldiers from Africa not one was attacked by these maladies. M. Boudin mentioned that he had substituted for sulphate of quinine minute doses of arsenious acid—not more than the hundredth part of a grain—with perfect success.

NUMEROUS DEATHS IN THE METROPOLITAN HOSPITALS.—On Tuesday, Jan. 4, *eleven* inquests were held in four of the metropolitan hospitals, viz.:—Before Mr. Baker, in the London Hospital, 4; Middlesex ditto, 2; at St. Bartholomew's, before Mr. Payne, 4; and at St. George's, by Mr. Higgs, 1.

POOR-LAW.—The Irish Poor-law Commissioners have refused to sanction the proposal of the Guardians of the North Dublin Union to detach the Fever Hospital from the other parts of the workhouse, declaring that the proposed change would be a *questionable* improvement. The board have expressed their sense of the conduct by an indignant resolution expressive of its severest condemnation.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—On Saturday, the 15th instant, Dr. Thomas Beatty was unanimously elected Professor of Midwifery, and Dr. O'Brien Bellingham was unanimously elected Professor of Botany, to the Royal College of Surgeons in Ireland.

GOUT.—Mr. Wansbrough has published his famed remedy for gout.—"Endermic Mode of Treating fixed Inflammatory Gout and Rheumatism. Successfully practised by T. W. W. for the last five years:—R. Acet. morph., gr. viij; Acet. distillat., ℥j; solve et adde.—Tinct. sem. colchici; Aquæ, distillatæ, aa. ℥j. M. ft. lotio. parti dolenti durante paroxysmo applicanda. Haustus sequens *primo adhibendus* et secunda quaque hora, *durante dolore*, repetendus.—R. Mist. ut suprá, m. xxx; Spti. vini Gallici vel juniperi, ℥j; Aq. ferventis, ℥j; Sacchari, p. s. M. ft. haustus secundâ quâque hora sumend. sine spiritu post primum haustus. N.B.—An oilskin, or silk handkerchief, is to be *bound over* a *linen pledget*, moistened with the lotion, previously applied to the part affected. The above is a certain prophylactic. On the approach of 'compunctuous' *twinges*, the lotion poured *upon the stocking*. over the part, affords almost immediate relief. The object of the *warm* draught is evidently to guard the stomach from *metastasis*, which it does effectually."

MEDICAL MANSLAUGHTER.—A pupil to Mr. Pigott, surgeon, Stockport, has been committed on a charge of manslaughter. He was sent by his master to attend a young married woman in confinement, and on the delivery left her, giving her a total attendance of ten minutes. The mother died.

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CROONIAN LECTURES.

DR. TODD—February 11th, 16th, 18th.

LECTURES ON MATERIA MEDICA.

DR. ROUPELL—Feb. 23rd, 25th, March 2nd, 4th, 9th. 11th.

LUMLEIAN LECTURES.

DR. MAYO—March 16th, 18th, 23rd.

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COURSE OF CLINICAL LECTURES ON DISEASES OF WOMEN.

Delivered in the Hospital of La Charité, by Professor VELPEAU.

LECTURE VII.

Treatment of vesico-vaginal fistulas, (continued)—Elytroplasis by the raising up of an arch of integument.—Having met with some women who had undergone, without benefit, the operation adopted by M. Jobert. I thought that we might try another variety of anaplasis. The following is the proceeding which I adopted in the case of a patient who came under my care. I seized with a double-hooked forceps the posterior wall of the vagina, opposite to the fistula, and drawing this part towards the vulva, I introduced at the same time the fore-finger into the rectum in order to push it forwards, giving the forceps to an assistant so as to have the right-hand free. I then, with a straight bistoury held as a pen, made an incision across the vaginal partition to the extent of an inch or an inch and a half above, and then the same below the point raised by the forceps, taking care not to penetrate into the rectum. The limits of the intended arch being thus formed, I glided the point of a bistoury from the inferior towards the superior incision, in the substance of the partition, so as to detach the middle of this fold of the vagina from right to left to the extent of about an inch without opening the rectum, and without detaching the two extremities. The fistula, being previously refreshed, the suture is immediately applied. Each thread armed with its curved needle is at first passed from before backwards, or from below upwards, beneath the vaginal arch, then from the bladder into the vagina through the posterior lip of the fistula, and afterwards brought outwards under this bridge. A second stage of the operation consists in traversing, from behind forwards, and from the bladder into the vagina, the anterior lip of the fistula with the other extremity of each thread which is in like manner armed with a needle. Lastly, by tying these threads, we force this separated arch of integument upwards through the fistula even into the bladder, at the same time that the lips of the fistula are brought into contact beneath. The fold thus borrowed from the vagina is fixed in the bladder, being placed directly across the suture. This process, however, which appeared to me to offer some chances of success, was equally unsuccessful with the others in the single patient whom I subjected to it; but I should add, that the fistula was more than an inch in diameter, and that the vagina had been for a long time deprived of its natural condition by repeated attempts at operations of all kinds. If the union had taken place, my intention was to divide, after ten or fifteen days, first one of the extremities of this fold, and the other a little while after, and then to allow the wound to cicatrize insensibly.

Direct union.—Another method which on two occasions I wished so employ, but to which the patients were unwilling to submit, might perhaps present some chances of success; it consists in energetically cauterizing the circumference of the fistula and the corresponding portion of the recto-vaginal partition, and then maintaining this portion raised up against the fistula by means of a plug or any other dilating body introduced in the rectum. If the union should become perfected, we might then dissect off the portion of the recto-vaginal partition applied against the fistula, and thus re-establish the continuity of the vaginal canal. Might we not succeed better in some cases, where the opening is narrow, by excising an elongated triangle of a moiety of the vesico-vaginal partition from each extremity of the fistula? The cicatrization of these fresh wounds would, I think, be likely to contract, and perhaps completely close the original one. Such are the modes of operation which I have proposed; how far they are worthy of trial, I am unable to say, having been myself disappointed when I wished to put them in practice.

Depression of the uterus.—Latterly we have had another proposal made in regard to cases where the fistula is seated very deeply. The vaginal circumference of the fistula being strongly cauterized, the neck of the uterus is then to be seized with a hook or forceps, and depressed or drawn down below the vesical opening. But as I before said, all these propositions have hitherto failed. Depression of the uterus has been several times tried, but I am not aware that a single cure has been attained by it.

Indirect method—Closure of the vulva.—Despairing of success from the methods of operation already known and described, convinced that the complete obliteration of vesico-vaginal fistulas at the fundus of the bladder, accompanied with considerable loss of substance, is impossible, and not wishing to abandon to their fate those unfortunate women affected with lesions of this kind, M. Vidal proposed to seek that by an indirect method, which the direct method did not appear to him to be able to accomplish. For this purpose he has proposed our refreshing the whole circumference of the aperture of the vagina, and re-uniting the wound by suture, so as to close completely the entrance of this canal. M. Vidal first tried this operation in 1833, at the *Hôpital du Midi*. After having freely refreshed the external orifice of the vulvo-uterine canal, he maintained its edges in contact by means of three points of suture; the threads were removed on the sixth day; the urine mixed with the menstrual flux passed by the urethra, and the operation appeared at first to present some chances of success; but either from the imprudence of a pupil, who, in attempting to sound the patient, introduced the instrument clumsily, or from the action of the bladder itself in expelling the urine, the union was not maintained. M. Vidal performed this operation a second time at the *Hôpital Necker*, but it did not lead to the most satisfactory results; still the principle of this method requires examination. Now, as this operation has not been recently performed, and my opinions remaining the same as expressed in my *Médicine Opératoire*, I cannot do better than repeat the following passage:—"In those cases where the closure of the vagina should have been attained, the menses would have to flow by the bladder through the fistula, and pass outwards through the urethra, thus forming a great inconvenience for those women who have not passed the turn of life, from its placing an insurmountable obstacle to procreation. This obliteration can scarcely be proposed but as a last resource to those women who are not of an age to renounce the generative action. The urine also, from its falling or stagnating in the vagina as in a second bladder before passing out, almost invariably forms saline depositions, or *lithic* concretions, which soon give rise to real disease in this part. I would then adopt the method proposed by M. Vidal, only after vainly trying all the others.* And there is reason to fear that it would not be much more easy to close effectually the external orifice of the vagina, than the vesico-vaginal fistula itself. The two attempts of M. Vidal are a proof of this. A woman who, in consequence of a difficult accouchement, had a rupture produced in the vesico-vaginal partition, suffered so much from the irritation induced in these parts, that the entrance of the vagina became gradually reduced to a simple narrow opening. When she came into the hospital, we easily ascertained, on introducing a sound through the bladder, the existence of a large opening in the vesico-vaginal partition, and the exterior opening of the vagina was scarcely more than half a line in diameter. Before acceding to the desire of this woman, who wished especially to be cured of this occlusion of the vagina, I tried, under different pretexts, by cauterizations, sometimes with the nitrate of silver, sometimes with the nitrate of mercury, and even with the actual cautery, and at another time by means of the suture, (having previously refreshed the parts,) to close the small orifice of which I have spoken, but I must acknowledge that I found it impossible to succeed. I should also say, that since her accouchement, which took place nearly two years before, the patient, who was about forty years of age, had not menstruated, and that consequently we were unable to ascertain the difficulty in the escape of the menses after the obliteration of the vagina according to the method of M. Vidal."

General remarks.—I must now perform the painful duty of asserting, that among the recorded cases of cure in vesico-vaginal fistulas, there are but very few which can be entirely free from suspicion. It is certain, as M. Jeanselme has established in a memoir on this subject, that the cures attributed to Desault by Chopart, to M. Flamand, to Dupuytren, to M. Nægælé, Jobert, and others, are far from being conclusive.

With the view of understanding and promoting science in this respect, we should divide urinary fistulas in the female into three classes. Those communicating between the urethra and vagina, might be successfully treated by cauterization or by suture. Everything indicates that we may also cause a certain number to disappear by taking the precaution of introducing a catheter each time that the female requires to pass water, and not to permit the bladder to be emptied spontaneously. I succeeded on one occasion by this means. In another woman on whom I operated in 1838, at *La Charité*, I was induced to adopt the extirpation of the urethral band which separated the fistula from the meatus urinarius. As the neck of the bladder was sound, this trifling operation was perfectly successful, and the urine was discharged with the same facility afterwards as before the operation. The fistulas which occupy the neck of the bladder, or the root of the urethra, in other terms, those which are formed in the *trigone vesical*, seem also susceptible of cure. It appears evident to me, that several of the patients treated by M. Lallemand and by M. Jobert must have laboured under this form of disease. Everything shows that the cures attributed to Dupuytren and others also belong to this class of fistulas. It is probably from having lost sight of such a distinction that various practitioners have been scandalized at the doubts made in respect to them, by M. Jeanselme in his memoir. With regard to fistulas in the body of the bladder, we have hitherto met with no observation which indisputably proves their cure. Levret and Deleurze assert, it is true, that we may overcome them by depression of the uterus, and of its neck; but we may see in the case reported by M. Horner, that the tractions exercised on the neck of the womb were insufficient to cure those cases which previously had always been treated in this manner. It is necessary also to know that fistulas of the body, and fundus of

* Such is the precept which M. Vidal also lays down.

the bladder, are presented under numerous forms. In many women whom I have seen, the vesico-vaginal partition was so completely destroyed, that the bladder and vagina formed but one cavity, and the anterior wall of the bladder, losing its support, descended to the vulva under the form of a reddish *fungus*, so that it would have been absurd to dream of curing such an infirmity otherwise than by the method of M. Vidal. I have seen two women in whom the fistula was so much elevated, that its superior edge was represented by the anterior face of the neck of the uterus. Is it not evident that cauterization, or refreshing the wound, combined with depression of the womb, might in these cases have offered some chances of success? In another woman, the fistula, which was at the fundus of the bladder, and of a circular form, was external to the median line, and could be effectually closed by means of light pressure exercised through the vagina; consequently, it would in future be better not to record cures of vesico-vaginal fistulas, without rigorously pointing out their precise seat, their form, and dimensions. I may say, lastly, that urethro-vaginal fistulas yield without much difficulty to the resources of art, or the *vis medicatrix naturæ;* that those of the *trigone vésical* rarely disappear when they are eight or ten lines in diameter; that those in the most elevated points of the vagina do not seem to be absolutely incurable; but with respect to these of the fundus, without being quite so incredulous as M. Jeanselme, I am, however, forced to acknowledge that there is reason for questioning almost the whole of the cases of cure hitherto published.

Palliative Treatment.—When women affected with vesico-vaginal fistulas are unwilling to submit to any of the operations which we have been examining, or, which is much more frequently the case, when all the resources of art have failed, some means have been proposed for alleviating the sufferings of these unfortunate beings, and rendering their existence much less insupportable than if the infirmity with which they are affected were abandoned entirely to itself. We also find in the annals of science, some cases of success obtained by means of these simple precautions; but we must also add, that we can hardly anticipate such cures, which are but very rare exceptions.

The principal object to be proposed in these cases, consists in protecting the organs against the acrid state of the urine. It is unnecessary to say, that cleanliness is of the first moment. Various instruments have been proposed for receiving the urine, so that the least possible inconvenience may be caused to the patient by this fluid. J. L. Petit invented one which he denominated the *trou d'enfer*, and which, according to his account, perfectly fulfilled the end proposed; but this author not having left a description of his instrument, we have had no possibility of judging of it ourselves. Féburier's instrument, which may be procured at all surgical instrument makers, leaves nothing to be desired in this respect. It is a species of india-rubber basin, which may be maintained on the fore-part of the vulva, and which is prolonged into the vagina, unless the patient should be sensibly inconvenienced in its progress, so that she may attend her usual occupations. Mr. Barnes, who has paid great attention to this subject in England, makes use of an elongated gum-elastic bottle, which is placed in the vagina, and presents anteriorly an opening in which a sponge is fixed, and which should be placed against the fistula, so that the urine may become gradually collected within it. The patient should withdraw this bottle two or three times a day, and empty it completely by pressing out the urine. Some French surgeons, particularly MM. Guillon and Dugès, have proposed various modifications of Barne's instrument When women are either unwilling or unable to submit to the employment of these instruments, the only remaining resource consists in the employment of small pieces of sponge, or dry linen, which should be renewed more or less frequently every day. Some also have recommended the patient's lying half turned on the belly in these cases, with the view of preventing the urine from coming into contact with the fistula, and of forcing it to escape through the urethra, or a catheter placed in the bladder. But, besides that this means can scarcely fulfil the end proposed, I should add that women can seldom preserve this position beyond a few days. For this reason, this practice has been generally abandoned.

LECTURES ON CHEMISTRY,

By JOHN SCOFFERN, Esq., Lecturer on Chemistry at the Aldersgate School of Medicine.

THERE are certain agents belonging to our globe of so subtile and attenuated a nature, that the question of materiality or immateriality has frequently been discussed; but inasmuch as the answer involves definitions by no means universally agreed upon, the agents alluded to, namely, light, heat, electricity, and magnetism, are now simply called *imponderables*, a name indicative of their absence of weight, or, more properly speaking, of our inability to weigh them.

We shall commence our notice of the imponderables with an examination of light, which may be simply defined as the *cause of vision*, and may be naturally regarded under two points of view, first, with regard to its ultimate nature, secondly, merely as an agent.

The theories of light, although variously modified, may be reduced to the two heads, of corpuscular and undulatory, each of which has found its advocates, and has been applied to the explanation of optical phenomena.

It is seldom that the philosophers of ancient Greece throw much light upon chemistry, or the collateral sciences, and were it not for the interest connected with their names, we might pass over their opinions altogether. It appears that the schools of Plato and Pythagoras, although both assuming light to depend on emanations of little particles, were by no means well agreed as to details of a secondary nature. Pythagoras and his followers imagined that bodies were rendered visible in virtue of their continually giving off from their surfaces luminous particles of diminutive size; whereas Plato, on the contrary, and *his* followers, imagined that light was a kind of spiritual fire, produced by the emanations of these little particles from the eyes themselves. These theories, although very crude and unsatisfactory, seemed to answer every purpose of ancient philosophers. They were called *corpuscular*, theories from *corpusculus*, a little body in contradistinction to the *undulatory* presently to be named. The latter originated with Huygens, a philosopher of the 17th century, and was termed the undulatory, from undula, a little wave; it was ably supported by Euler and Descartes, and maintained its supremacy until the time of Newton, who fancied he recognised insurmountable objections to its adoption, and again revived the corpuscular theory.

In the present stage of our inquiries, we shall do well to treat of light merely as an agent, subject to known and invariable laws; then when its phenomena shall have become familiar to us, we may balance the amount of probabilities in favour of either theory.

Whatever may be the ultimate nature of light, it is satisfactory to know that it occupies time in reaching us: this fact proves that the mysterious agent under consideration, however subtile and devoid of weight, is yet not utterly different in all its properties from those of common matter.

The most satisfactory plan of ascertaining the velocity of light, is by means of observations connected with the satellites of Jupiter. This planet revolves round the sun in an orbit which is much larger than that of the earth, and the diameter of the latter orbit is equal to 190,000,000 miles, consequently the earth may be this distance nearer to Jupiter at one time than at another. Now Jupiter's satellites are sometimes eclipsed, and the exact times of these eclipses are known by calculation. When the earth is nearest to Jupiter, an eclipse of a satellite of this planet is observed sixteen minutes and twenty-six seconds earlier than when the earth is farthest away, consequently we learn that light occupies sixteen minutes and six seconds in traversing the diameter of the earth's orbit, a distance of 190,000,000 miles; hence we deduce the fact that light travels at a rate of about 190,000 miles per second, and consequently occupies about eight and a half minutes in passing from the sun to the earth, although a cannon-ball would occupy twenty years in passing through the same distance! The mind is scarcely prepared to contemplate so enormous a velocity; we are lost in the very ideas of immensity to which the expression gives rise, and yet probably there may have been stars created at the same period with our globe at such immense distances away, that their light continually emanating, has not reached us at the present time! and orbs annihilated thousands of years ago may perhaps still seem to exist in virtue of the light which is yet on its passage towards our world! These ideas are indeed painfully sublime, but are nevertheless consistent with the views of astronomers, and in accordance with the truest philosophy.

The fact that light occupies time in travelling, teaches us that since our earth and all the heavenly bodies are in motion, the latter cannot be seen in their true positions, inasmuch as they must have shifted their places, whilst the light which renders them visible has been travelling to our eyes. Now the true place of a heavenly body may be determined by calculation, and the difference between this and its observed place indicates the amount of aberration of light. Provided the distance of this heavenly body from the earth be also known, (which can be done in many instances,) then it is clear we have a means of ascertaining the velocity of light, a deduction which proves the correctness of that calculation founded on data supplied by the eclipses of Jupiter's satellites.

Light, in common language, is said to travel in straight lines; with greater propriety, however, may we affirm that it *acts* in straight lines, which assertion again is only true so long as the medium through which it passes is uniform in density, or that it permeates two substances of unequal densities perpendicular to the surfaces of both; otherwise light undergoes a bending from its original courses termed refraction. The phenomena of refraction may be divided into single and double; the former must first of all occupy our attention.

I have already remarked, that the heavenly bodies cannot be seen in their true position on account of the aberration of light; but even were this cause removed, there would be another, namely, atmospheric refraction. The atmosphere surrounding our globe to the extent of forty-five miles, possesses a density gradually diminishing with every increase of elevation, consequently a ray of light is continually bent from its true course in reaching the surface of the earth, and hence all heavenly bodies are represented higher than their true positions. The amount of refraction increases with the obliquity of the angle at which a ray of light infringes on the refracting medium, consequently a ray emanating from the zenith, or immediately over head, and falling perpendicularly on the layer of atmospheric air, does not suffer refraction at all; and this remark is equally applicable under similar circumstances to all other refracting bodies. The laws regulating the phenomena of single refraction are as follow:—

1. When a ray of light passes through a medium of uniform density it is not refracted.

2. When the density varies, refraction is the result, except the ray passes perpendicular to the surfaces of the refracting bodies.

3. When a ray of light passes from a rarer to a denser medium, it is bent *towards* a perpendicular let fall in the latter from its surface.

4. When a ray of light passes from a denser to a rarer medium, it is bent *from* a perpendicular let fall in the latter from its surface.

5. The primary and refracted rays are in the same plane.

6. The sines of the angle of incidence and of refraction bear a constant ratio to each other.

A consideration of the foregoing laws of simple refraction, enables us to comprehend the theory of lenses, which, although curvilinear, must be regarded analytically as made up of infinitely small planes on which light may impinge at various angles, and be subjected to various amounts of refraction. We have hitherto considered the refraction of white or colourless light, but must now proceed to develope the theory of colour. No very consistent account of the phenomena of colour was offered until the time of Newton, who, having

transmitted a beam of white or colourless light through a triangular prism of transparent substance, decomposed it into certain primitive colours; *he* imagined seven, but Sir D. Brewster has demonstrated that there are only three. This experiment induced Sir I. Newton to suppose that white light was not homogeneous, but composed of the seven colours alluded to, namely, red, orange, yellow, green, blue, indigo, and violet; that these were possessed of different refractive powers—violet being most refractive, and red least—that consequently they might be separated, or split one from another by a transparent refractive substance of a triangular prismatic form. Various experiments have proved the theory correct, substituting, indeed, three primitive colours for seven—namely, red, blue, and yellow; by mixing these three in proper proportions we form a white, or in other proportions any other colour whatsoever.

We have seen that a triangular prism of glass, or other transparent material, effects the decomposition of white light; hence, we need not wonder that the edges of a lens produce a similar result, seeing that these edges are, in point of fact, triangular prisms. Thus arises a great defect in optical instruments, called *spherical aberration*—a scattering of rays of light from their desired focus, and a production of colour. So great was the difficulty experienced in finding a remedy for this evil, that Sir Isaac Newton expressed as his opinion, that the improvement of refracting telescopes was desperate, and Descartes vainly employed all his ingenuity to remedy the inconvenience. The latter philosopher imagined that the aberration alluded to might altogether depend on the form of a lens, and thought that by making lenses segments of some spheroids instead of a sphere, he might overcome the difficulty; and hence, after much anxiety, he came to the theoretical conclusion that a spheroid, bounded by a certain oval curve, determined by himself, and hence called the Cartesian oval, should yield lenses capable of concentrating light to a focus without scattering any; but he forgot the very important point, that while light is not homogeneous, but made up of various colours, each of which has a different refractive power, hence, a curve calculated for one colour, will not be correct for another. Lenses, then, are no longer made out of Cartesian spheroids, but out of spheres; and the defect alluded to is obviated by rendering the obnoxious edges opaque, or by using compound lenses, i. e. made of several kinds of glass joined together; it being found, that by thus combining different kinds of glass, each having a particular refractive power for a particular light—the errors of one kind of glass are corrected by the next. It is interesting to observe how carefully nature guards against spherical aberration in the eye, and how in that beautiful organ the most elaborate contrivances of opticians have been all anticipated! Since spherical aberration is produced merely by the edges of a lens, the most obvious way of preventing it is to cover over that portion of the refracting body with a screen. Now this, in telescopes, is actually the case; for around the eye-glass is placed a perforated disc of metal painted black, which, by only allowing light to pass through its centre, obviates, to a great extent, the inconvenience of spherical aberration, and compound glasses do the rest. This arrangement is precisely analagous to that which nature follows in the eye, which is supplied with an iris, surrounded with a dark pigment, and with a central aperture called the pupil; thus, in great measure, is spherical aberration avoided; but this contrivance not being exactly sufficient, then follows an arrangement of lenses made of humours, each possessing a different amount of refractive power, in order to diminish still further this inconvenience, and even the forms of these lenses are determined to be those best adapted to produce a minimum of spherical aberration—the crystalline lens, for example, being more convex posteriorly than anteriorly, its curve, in point of fact, being formed out of a kind of Cartesian oval! Thus does nature anticipat the most refined application of our adaptive powers! But I am stealing insensibly away into the science of optics.

We have hitherto regarded light as permeating transparent bodies, and as suffering a bending or refraction in one direction only. Some substances, however, have the property of not merely refracting a pencil of light in one pencil or ray, but of dividing it into two. The subjects, however, of double refraction and polarization of light will come under your notice with greater propriety hereafter. I may remark, however, that crystals of Iceland spar, as well as many other substances, are endowed with this property—namely, of representing a single ray of light into two, each of which acquires certain properties, and is said to be prolonged. This subject could scarcely be rendered intelligible without a previous introduction to the theory of waves; therefore we will for the present leave it, in order to examine another property of light, i. e. of being reflected.

Every person is aware that all substances are not equally transparent; some appear to transmit *every ray* of light, and hence are scarcely visible like glass, or not at all, as atmospheric air in small masses. Others transmit only a portion, absorbing some and reflecting the rest; hence the properties of absorption, reflection, and transmission are variable in different substances, and according to the preponderance of one over another, we have transparency, opacity, blackness, whiteness, and colour. It has been remarked that white light is a mixture of the three primitive colours; hence, colour results from any cause which abstracts either primitive light from the white beam—a substance which absorbs all colours except blue, appears blue; a substance which transmits blue light alone, also appears blue. Colour, then, depends on that kind of light which reaches the eye, no matter what the cause may be; usually colour depends upon absorption and transmission, or absorption and reflection. We have seen, however, that it may be produced by refraction, and there is yet another cause named interference, which will be explained when we treat of the theory of waves. The only law of importance connected with the reflection of light, is, "*that the angle of incidence and of reflection are always equal.*" If every colour be reflected, the reflecting body appears white; if not, then it appears to be of the colour which it reflects. If it reflect none, but absorb all, then it appears black. Such, then, gentlemen, are the leading properties of light considered merely as an agent, acting in certain directions according to certain laws. Hitherto there has been no necessity of our following any particular theory, and indeed all the most useful portions of the science of optics are totally independent of theory for their successful prosecution; but we cannot satisfactorily investigate the intricate subjects of double refraction and polarization without enlivening our ideas with some theory, and we shall find that the doctrine of waves possesses many advantages over the other—that Newton's objections now no longer hold good—that the doctrine of corpuscles will not enable us to explain some of the most beautiful phenomena of light—whilst the theory of waves renders all clear and intelligible.

The arguments for and against these doctrines, and the phenomena of polarization and double refraction, will form the subject of our next lecture.

WOUNDS.

By W. T. KAY, Esq., M.E.S.L, &c.

(Continued from page 207.)

OF AMPUTATION IN GUNSHOT WOUNDS.

So much has been written on this subject, so many opinions advanced, so many improvements suggested, and almost as readily refuted, that I find it no easy task to write on a subject that has made more strides towards perfection than any other operation in surgery. I had almost said that it had arrived at perfection. I shall not occupy the time of the reader by entering into the different stages of the operation, but chiefly confine myself to the time at which it ought to be performed in reference to gunshot wounds.

In cases of serious gunshot wounds of the extremities, it often becomes a question whether it would be better to attempt to save the limb, or to perform the operation of amputation. In certain cases of this kind, the injury is so extensive, and so violent in degree, that you have no hesitation in deciding the point.

Of immediate Amputation.—When a limb that has received a gunshot wound cannot be saved, amputation should be immediately practised. The first four-and-twenty hours are the only time that nature remains tranquil, and we must hasten to take advantage of this period.*

In the army, a variety of circumstances make the urgency for amputation still greater. 1. The inconvenience attending the transport of the wounded from the field of battle to the military hospitals in carriages badly suspended, the jolting of which would produce such disorder in the wound, and in the whole body, that most patients would die in the journey, especially if it were long, and the weather extremely hot or cold. 2. The danger of a long continuance in the hospitals, a danger which amputation materially diminishes by changing a gunshot injury into a wound that may be speedily healed, and reducing the causes of fever and hospital gangrene. 3. The cases in which there is a necessity for abandoning the wounded. In this circumstance, it is of importance to have amputated; for, after the operation, the patients may remain some days without being dressed, and the dressings are afterwards more easy.

Mr. Rutherford Alcock has done more towards this branch of surgery than any other person; he has collected statistics which could only be obtained by unremitting labour, and has gone through the whole of these statistics himself, so that the accuracy of his results may be entirely relied on. I consider them to be of the greatest importance, and shall, therefore, from time to time, allude to them.

"Surgeons," says Mr. Alcock, "resort to amputation with many different objects in view, thus to be defined—

Classification of objects to be attained by amputation.

1. To remove a limb, useless from original malformation, or from contractions or deformity induced by disease, or injury of remote occurrence, such disease or injury having left no trace in the system or health of the patient; to remove, in other words, a limb which produces inconvenience in a locomotive sense, but is not calculated to give rise to disturbance or deterioration of health, how long soever the limb may be permitted to remain. This forms the smallest class; amputations without the contemporaneous existence of disease or injury to modify the effects of the operation upon the system, and may be called *amputation for deformity.*

2. To remove a limb which, from local disease of a part, or the whole of its textures, leaves no rational ground of hope that the limb will ever be restored to health and vigour, or be made useful to the patient, however long permitted to remain; while the continuance of the disease, on the other hand, for an indefinite period, is calculated seriously to disturb the system, deteriorate the health, and ultimately endanger and shorten the life of the patient—*amputation for chronic disease.*

3. To remove a limb at once, when so severely injured as either to be clearly incurable, or so likely, by its effects on the limb and the system, to destroy life before any hope can be entertained of completing the reparative process, that the attempt is not deemed justifiable; thus anticipating any effects depending on the progress of diseased actions in the shattered limb, and their influence on the system, constituting the class of *primary amputations.*

4. To remove a limb during the first twenty days of treatment, which has been severely injured—not to anticipate the first effects, which have, on the contrary, been allowed to supervene, but to avert the ultimate results of those effects when they threaten to be fatal, or have so far added to the local injury, as to leave no hope of a more favourable period for amputation, or the possibility of cure if longer retained. These supervening actions are often of specific and well-defined character, such as secondary hæmorrhage, gangrene, partial disorganization from excessive suppuration, &c., and inasmuch as the operation is performed in the

* Larrey, Mém. de Chirurgie Militaire, tom. ii., p. 195.

intermediate period between the non-supervention of febrile action and its subsidence, usually shortly after the full establishment of the suppurative processes; these cases may be denominated *intermediary amputations.*

5. To remove a limb which, from the effects of an injury while under process of treatment, (and after the febrile action first induced has subsided), is shown to be incurable, certain to prove useless, even if union take place; and if longer allowed to remain, to involve the system generally in disease, leading to a fatal result. These constitute *secondary amputations* properly understood and defined, and exclusive of the *intermediary*, defined in the last class.

These five classes, supplying causes for amputation, evidently comprise, each in their outline, many sources of influence upon the *progress* and *result* of the operation.

In the first class, indeed, we must evidently look for the *effects of the operation* pure and unmixed upon the system, exposed only to such influences as act upon the subject before operation, and upon all not amputated and treated in the same locality. Here we test the influence of amputation, and test the effects of *different modes of amputation and of site*, whether performed on the upper or on the lower extremity.

The second class gives the effects of the operation, in combination with the effects of a local disease upon the system, in the majority of long continuance.

The third, fourth, and fifth give the effects of the operation superadded to the previous shock, more or less recent; and in the fourth and fifth in addition, the effects of local diseased actions. The effects of the operation are thus complicated by the effects of the injury, according to the period elapsing from its infliction.

To anticipate the result of the most complicated combinations, we must be well acquainted with each separate class of effects. Hence the necessity of an inquiry into the effects of chronic and local diseased actions of the extremities upon the system; the same of the injuries of different nature, extent, and degree, and in different sites treated under different conditions of external circumstances.

Effects upon the System of Complicated Injuries of the Extremities occurring in Civil and Military Life.

Cases of injury in their progress present a vivid contrast to the cases of chronic disease. As the morbid state in injuries is sudden in its supervention, and violent in its characters, so are the diseased effects resulting, neither mitigated in form nor slow to destroy; that an injury to the extremities is more dangerous than a chronic disease, ecomes the first and inevitable inference. Whatever dangers amputation may bring, we are thus informed, therefore, that *they are superadded to a class of cases often rapidly fatal without its aid or intervention.* In diseases requiring amputation, the site or nature of those actions is of comparatively little importance; not so in injuries. Many circumstances and conditions require consideration in determining the effects upon the system of injuries, which exercise but an obscure or trifling influence on the progress and results of cases of disease.

Different classes of injuries give different results. There is a difference to be observed even between the injuries of civil and military life, where fracture of bone and laceration of soft parts may alike be the chief features of the case.

Dr. Laurie, in reference to the results of treatment without amputation adopted for injuries of civil life, gives the following data in a collected form:—

In 40 compound fractures and dislocations treated and not amputated, 17 died, giving a mortality of 1 in 2.3 in the lower extremity, and of 1 in 2.2 in the upper. The diseased actions supervening and causing death are not stated. It is remarkable that in this series the upper extremity gives a mortality even greater than the lower.

In reference to injuries of military life, chiefly gunshot, our largest record of numbers, showing the *mortality* of injuries of military life, (where one or more bones of the extremities are broken with laceration of soft parts,) we owe to the conviction of the fatal results of amputation entertained by the surgeon-general of the Prussian army in 1762, M. Bilgner. In 316 gunshot fractures of the extremities received into the hospital under his direction at one time, in no single instance was amputation permitted.

Of this series, (in round numbers) *one-half* died; *one-fourth* lived, retaining crippled and useless limbs; *one-fourth* alone were returned cured, able to do duty in person, or to work at any trade.

In reference to the mortality and disability resulting in 235 cases, including 55 partial fractures of the bones of the extremities, 82 were amputated.

38 of which were followed by death;
38 of the remainder died under treatment.

—

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The mortality was 1 in 3; one-third, and more than half of these cases of death without amputation were induced by vital actions, disturbed, impaired, and finally arrested *without organic disease or lesion of structure.* The remainder with affections of viscera, often purulent depôts, and various accidental or irregular actions, such as secondary hæmorrhage, gangrene of limb, &c.

115 recovered with useful limbs—say one-half,
44, or somewhat more than one-fifth, recovered,
—— but crippled by the removal of a limb.
159

Thus the united *favourable result*, as regards the question of *life*, is the recovery of 1 in 1.48, or two-thirds of the whole number, including the results of amputation.

The united *unfavourable* result, considering the loss of life or of limb as both unfavourable, the latter closely corresponding with M. Bilgner's *invalids*, will be 120 cases in 235, or 1 in 9—say *one-half.*

(To be continued.)

THE PHYSIOLOGY OF ANIMAL SUSTENANCE.

For the 'Medical Times.'

We pass now to the consideration of the question, can men live any period of time without solid food in a state of health? To this we have no hesitation in saying no; not in a state of health. Nevertheless, there are many cases of undoubted fastings, which would at first sight seem to subvert this opinion, and show the extraordinary power which the body possesses of adapting itself to circumstances. Bell, of Antimony, in speaking of the Tonguse, and of their powers of abstinence, says, "I have been told by some of these hunters, that when pinched by hunger they take two thin boards, one of which they apply to the pit of the stomach, and the other to the back opposite to it. The extremities of these boards are tied with cords, which are drawn tighter by degrees, and prevent their feeling the cravings of hunger."* This practice of applying pressure to prevent hunger, is common also among soldiers on long marches. They take in two or three holes in their belts, and say it is as good as a dram. The abstinence of the American Indians is also remarkable; and the same may be said of the Gylongs of Tibet, the Arabs, and Sunniasses, or Indian pilgrims: in fact, instances without number of partial abstinence might be adduced, as the Rhaans of India, who eat but once a-day, and then sparingly, the Fakeers, the Dervishes, &c., but it is not necessary for our argument. The late Dr. Andrew Duncan, jun., of Edinburgh, imitated for a twelvemonth the example of the Rhaars and Carmelites. He ate but one meal a day, and found himself heavier at the expiration of that period than he had been previously. It is plain, therefore, that it is the quantity digested, and not the quantity consumed, that nourishes.

Not to detain our readers, however, too long, we proceed at once to enumerate the cases of those who, according to generally received opinion, and on respectable authority, have fasted for very considerable periods of time. Of ancient authors, Pliny is one of the most explicit on the subject. He says,† that persons may live more than seven days without food, and that others have fasted as long as eleven days without fatal consequences.‡ Petrus de Abano tells us, that there was in his days a woman in Normandy, thirty years of age, who lived eighteen years without food. (1) Alexander Benedictus, or Benedetti, mentions a person at Venice who lived forty-six days without food. (2) Joubert records a remarkable case of a woman who lived in good health (?) without food or drink; and that he saw another who lived to her 10th year under similar privation, and that she subsequently married, eat and drank as other people, and had children. (3) Claudius et Garcia ab Horto states, that some of the Banians (Brahmins) in India frequently abstain from food for twenty days: (4) Ganginus, that Louis the Pious, Emperor and King of France, who died in 840, for the last forty days of his life lived without food or drink; (5) and Cetois notices the case of the girl of Confoulens in Poitou, who lived three years without food. (6) Albertus Magnus saw a woman at Cologne who often lived twenty or thirty days without food, and a hypochondriacal man who fasted for seven weeks, only taking a glass of water every other day. (7) Hildanus is particular in his mention of a girl who lived many years without food or drink. The abdomen in this case was wasted, and retracted towards the spine, but without hardness. She voided neither urine nor fæces. (8) Sylvius knew a young woman in Spain, 22 years of age, who lived entirely on water; also a girl in Narbonne, and another in Germany, who lived three years in good health (?) without any kind of food or drink. (9) Democritus, according to some authorities, lived to 109, and in the latter part of his life subsisted almost entirely, for forty days at a time, on smelling honey and hot bread. (10) Of persons who have

* Bell's Travels from Petersburgh to Pekin, 1720, p. 230. This faculty of adaptation is observable also in animals. Hunter brought an eagle to live entirely on bread and vegetables, and a sheep on flesh!

† Hist. Nat., lib. ii., c. 54.

‡ Aristotle says the contrary.

(1) Exposit. Ult. prob. x.
(2) Pract. lib. xii. c. 11.
(3) Decad. 1., Paradox 2.
(4) Hist. Eccles. lib. xii., c. 21.
(5) Hist. Francon., lib. v.
(6) Abstin. Confolentan. See also "A True and admirable Historie of a Mayden of Confolens, in the Province of Poictiers, that for the space of three years and more, hath lived, and yet doth (live), without receiving either meat or drink; of whom his majesty in person had had the view, and (by his command) his best and chiefest phisitians have tried all means to find whether this fast or abstinence be by deceipt or no. In this historie is also discoursed, whether a man can live many days, monthes, or yeares, without receiving any sustenance. Published by the King's special privilege, at London, by James Roberts. 1603." In Ames's Typographical Antiquities, an account of this pamphlet may be found, and Ritson refers to it in his work on Abstinence from Animal Food, p. 90.
(7) De Animalibus, lib. vii.
(8) Cent. V. obs. Chirurg. 33.
(9) Consil. Adver. Famem.
(10) Rees says, "there are substances of all kinds, animal, vegetable, &c., floating in the atmosphere, which must be continually taken in by respiration; hence some say it is, that cooks, turnspit-dogs, &c., though they eat but little, yet are generally fat." The first part of this paragraph, is quoted without acknowledgment of the author of the art. *Abstinence*, in the *Encyclop. Metrop.* Diogenes Laertius makes no mention of the excessive abstinence of Democritus, though he is very minute in other particulars. We quote however *here* from memory, not having a copy of the Cilician by us. Hufeland, in speaking of longevity from temperance, says, "Il mourut en 1792, dans Le Holstein, un paysan, nommé Stender, qui etait age de *cent trois ans.* Cet homme très laborieux de son naturel ne vivait guère que de grain et de lait de beurre; il mangeait très rarement de la viande,

attained great age, in consequence, it is said, of partial abstinence, the following are recorded in all the Encyclopedias, and in nearly every work which has expressly treated on abstinence. St. Anthony, who lived to the age of 105; James the Hermit, 104; while Arsenius, tutor to the Emperor Arcadius, (son of Theodosius,) died, it is said, at the advanced age of 120.(11) St. Epiphanius, 115; Simeon the Stylite, 112; and Romauld, 120. Buchanan mentions one Lawrence, who lived to 140, by temperance and labour. Spottiswood speaks of a man of the name of Kentigern, afterwards known as St. Mongah, or Mongo, who lived to the incredible age of 185, by strict adherence to temperance and exercise. Among a very numerous list of persons of both sexes who attained to great ages, chiefly, it would seem, from moderation in diet, given in a late volume of a useful periodical. (12) are Francis Condit, who died at the age of 150, in 1768; Ann Hatfield, of Finsley, 105, in 1770; the same year James Hatfield, (13) her brother, at the same age; Ralph Coulson, of Grimstone, at 107, in 1771; and Peter Deime, Esq., of Leeds, at 104, in 1773. We shall not further swell this article to an inconvenient length, but must refer the reader to the authority already mentioned for further examples, and therefore conclude with Cornaro, who lived to be 100; neither shall we do more than allude to the cases of Parr, Jenkins, and others, or to Ritson, Dr. Lamb, and Sir Richard Phillips, (14) who for many years, not only from motives of repugnance to the shedding of blood, but, we believe, with a regard to health, abstained from all animal food whatever.

et toujours de la Salsaison. Come il n'avait presque jamais soif, il buvait rarement. Il aimait à fumer. Ce ne fut que sur ses vieux jours qu'il commença à prendre du thé, et quelque fois du café. Ses dents tombaient de bonne heure. Il n'avait jamais été malade. Il lui était impossible de se fâcher, et il évitait toutes les occasions de querelle." *L'Art de Prolonger la Vie, &c. Par C. F. Hufeland. Tradicet de L'Allemand, par A. J. L. Jourdain. Paris*, 1838, p. 102. He says more pointedly at page 374, "On peut dire, en toute vérité, que les plupart des hommes mangent beaucoup plus que ne le commande la nature," (and adds in a note) "L'Example de Cornaro prove aussi combien peu il fait d'alimens à l'homme pour lui conserver la santé. On peut en rapprocher celui du défenseur de Gibraltar, le brave Elliott, qui pendant la siege ne mangea que deux onces de siz par ejour." The native soldiers of Lord Clive, during the period of the celebrated siege which he so masterly withstood, lived on as poor a diet as that of "le brave Elliott." See Lord Clive's Life recently published. Ritson says, that Aurungzebe, from his usurpation of the throne, never tasted flesh, fish, nor strong liquors, and lived in nearly one hundred years. The two following cases are also from Ritson. In July, 1737, Mary Patten was living in St. Margaret's workhouse, Westminster, aged 136, whose only food was milk. Elizabeth De Val died at Brussels, in 1772, aged 101. She had never tasted meat during her whole life. Brassavolus writes, that the younger daughter of Frederick, King of Naples, could not eat any kind of flesh, nay, if a bit were put into her mouth, it would immediately cause syncope.—(*Turner's Hist. of Remark. Providences*, 1697, folio, p. 2, c. 2, § 6.) Rousseau, in a letter to Emilius, quotes from an English paper the case of Patrick O'Male, who lived entirely upon vegetables. He was born in 1647, and married his seventh wife in 1760, in his 120th year. He had served in the dragoons in the 7th year of the reign of Charles II., and in different regiments to 1740, when he obtained his discharge. He had made all the campaigns of King William and Marlborough. His drink was small beer. At 120 he walked without a crutch, was hardly ever unemployed, and every Sunday went to the parish church accompanied by his children, grandchildren, and great-grandchildren. Hufeland also mentions the case of an Englishman called Nobs, but we have not been able to find any narrative or even allusion to him. Buchan (*Domestic Medicine*, p. 73,) attributes most of the diseases of the English to the vast quantities of meat that they eat. Plutarch says, (*On Eating Flesh*, Tract 1st,) that flesh is not only preternatural to men's bodies, but by clogging and cloying them, render their intellects gross; and that though wine and flesh may make the body strong and lusty, it weakens and enfeebles the mind. Dr. Cheyne (*Nat. Meth. of Cure*, p. 226,) says, "that what is liquid and thin as whey will nourish the body much more quickly than beef, though not so durably. Let any one swallow what he will, that part of it which nourishes must be thinner and more fluid than the whey of asses' milk, possibly as thin as vapour, else it can never enter the lacteals." Sir Astley Cooper fed a dog, however, on soups and broths, and he died sooner than one fed on solid or coarser food. Porphyry says, the Egyptians before their stated sacrifices fasted many days, sometimes six weeks, and that the least fast was seven days, during which period they abstained not only from meats, but from bread and some kinds of pulse. The Greeks observed their fasts much after the same manner. Among the Athenians, the women fasted one entire day, sitting on the ground. Apuleius says, that whoever desired to be initiated in the mysteries of Ceres were obliged to fast twelve days. Cæsar, Cicero, Trajan, and other noble Romans, all had their fast days, during which they scrupulously abstained from all meats and drinks.

EFFICIENCY IN SIZE AND DISEASE OF THE CEREBELLUM, THE CAUSES OF ANAPHRODISIA.

By Dr. JAMIESON, of Newtownards.

Since I became acquainted with the science of phrenology some years ago, my attention has been directed to the condition of the cerebellum in those individuals who have consulted me for impotence, and in others. I have attentively observed and studied a great number of cases, and am led to regard the following conclusions as correct. I hope their publication may have the effect of directing medical practitioners more closely to observe the undoubted connexion which exists between the state of the genital organs and the cerebellum, and a disease which in its various degrees is much more prevalent than is commonly imagined, and is the cause of a great many evils.

1. The sexual passion has its seat in the cerebellum, and is energetic or the reverse in proportion to the size and tone of this organ.

2. Smallness of the cerebellum, much inequality of its lobes, and deficiency of its tone are the causes of impotence.

3. When the cerebellum is very small, impotence is permanent.

4. When the cerebellum is small, it soon suffers in tone if made to perform its functions with ordinary frequency.

5. When one lobe of the cerebellum is small and the other large in a man, it is sometimes the case, that he, at intervals distant in proportion to the size of the large lobe, performs the generative act imperfectly, until the large lobe, which had been exhausted, recovers its tone.

6. When the cerebellum is very large, and is much exerted, as it usually is in such cases, it becomes impaired in tone, and impotence is sometimes the result; but the generative act may be well performed by a large cerebellum, even when impaired in tone.

7. Average endowment of the cerebellum is most favourable to permanent potency.

8. When the cerebellum becomes much deficient in tone, if it be not soon cured, the spinal marrow and its nerves, the organic nervous system, the intellect, and moral feelings are successively debilitated.

9. Deficiency of tone of the cerebellum in the male or female is often transmitted to the offspring.

10. Impaired tone of the cerebellum is the cause of spermatorrhea.

11. The size of the genital organs exercises no influence on their activity or vigour, they are often inert when large, and vigorous when small.

12. The father of a monstrosity, an account of the post-mortem examination of which I published sometime ago, had the cerebellum small and debilitated, and had also spermatorrhea; he was permanently weak in the genital organs, and was the means of making me acquainted with many similar cases, and their peculiar symptoms. His wife became jealous, and went mad in consequence of believing that he was unfaithful, and that what was the result of debility was caused by dislike of her. She died in a lunatic asylum. These facts, in connexion with remark No. 8, render it probable, in my opinion, that the subjects of abnormal organization are the products of parents whose generative apparatus was diseased, and general health consequently much impaired. I think the condition of the cerebellum in the parents of monstrosities should be observed.

13. Permanent or frequent impotence, or even continued partial debility of the genital organs, in men who have large self-esteem and destructiveness, and benevolence and conscientiousness not very large, often produces strongly selfishness and malignity, and also cunning and falsity; for though secretiveness should not be large, it is so much exercised in these cases to conceal the symptoms of their disease and preserve the reputation of virility, that it operates as if it predominated in size. This is in accordance with the remark of Dr. Cox, "that it seems to be a law of the human constitution, that when any of the faculties is pained or disagreeably active," destructiveness instantly comes into play. Here amativeness is mortified, and self-esteem and love of approbation disagreeably active, and destructiveness becomes consequently excited, secretiveness being active also, malevolence, cunning, and falsehood result.

14. Over exertion or exhaustion of the cerebellum robs adhesiveness and combativeness of their power, and thus causes cowardice.

15. Whatever exhausts the power of the constitution, seems not only to diminish the power of combativeness, but also to stimulate cautiousness.

16. In some men an activity and power of the cerebellum greater than what we would ex-

(11) Watkins, who quotes from Moreri, says he died at 95. We think this probable, if his banishment, and consequent disappointment and poverty be taken into account.

(12) See Mechanic's Register, vol. i.

(13) It is of this man that the well-known anecdote of the soldier is told, who, having been found asleep at his post while sentry at Windsor, was brought to a court-martial, and condemned to be shot. Before, however, he was taken from the dock, he was asked if he had anything to say why his sentence should not be carried into execution, when he replied, that he was awake when St. Paul's clock in London struck thirteen for twelve, which was the termination of his guard, and that he afterwards fell asleep from weariness. On inquiry, it being found that St. Paul's clock had actually struck thirteen, he was pardoned.

(14) Ritson desisted from animal food in 1778, being then 19. As he died, however, in 1803, at 51, vegetable aliment does not seem to have had the property of lengthening his life. Sir R. Phillips first abstained in 1778. We do not remember when Dr. Lamb commenced his Banian life. We know a surgeon now in the army who has not tasted wine, spirits, or animal food for many years. He enjoys very excellent health, and always an equable flow of spirits.

pect from their temperaments and developments may exist for a long time without producing impotence; here it seems to appropriate more than its own share of the nervous energy of the system; the other organs of the body suffering a diminution of power apparently that the generative apparatus may obtain an increase.

17. The cerebellum is in general too much exercised in the married state.

18. When the cerebellum is too much exercised, no matter what the size of it may be, it becomes impaired in tone.

19. Men and women who have the cerebellum much below the average size should not marry.

20. Impotence is curable in all cases but where the cerebellum is very small or disorganized.

21. Fluor albus is caused by deficient tone of the cerebellum in many cases.

22. Deficient size and tone of the cerebellum in males or females is a cause of want of liveliness, and sometimes of melancholy and madness.

23. Disease of the cerebellum is often the real cause of absurd eccentricities.

24. The treatment of impotence should always be directed with a view to its origin in the cerebellum.—*Med. Chir. Review.*

TO CORRESPONDENTS.

Students Association: *We have received several letters from students and general practitioners on the above subject.*— G. J. H. *will find all the information he asks in the advertisement of the preliminary meeting. The same answer applies to other correspondents.*—X. C., *of University College, writes a very energetic address to the students, which, while it proves the deep anxiety he takes in the subject, shows the very excellent spirit in which the students set about the work of improvement. We are sorry we have not space for the letter.*

Our friend, Rambleaway, *will be noticed next week.*

Cethegus, *a* Non-parvenu, *and* Medicus, *will be used, if not inserted.*

Viator *is too personal. We must have names with such charges.*

"A Pharmaceutist" *is clearly wrong. If there are no persons but non-medical men to attend the poor, whose is the fault? There is no scarcity of medici; there is no superabundance of practice that we have heard of; why then should the skilful be idle? why should the ignorant practise? why should the poor be maimed or killed? Surely, if there be no cohesion between things made to join, no relation between known wants and their existing supplies, it is the place of the law to step in with its remedy.*

Dr. Polding, Mr. Bird, Signor Artini, *under consideration.*

"A Dissenter in Medicine" *has written us a letter in defence of Quackery. He demands from us a definition of the word. Quackery is, in one word, we may tell him, the medical practice of ignorant and stupid, or ignorant and knavish men, and our worthy correspondent is at liberty to place himself in either category according to the sincerity or deceit with which he carries on his murderous avocations. Ai we are inclined to class him in the former list from the naiveté with which he declares that quackery is but dissent from medicine. As well might he say that wrong was only dissent from right, or justify his rejection of an axiom of Euclid, by calling himself a dissenter in mathematics. If our friend only examine the grounds on which skill is demanded in the adjustment of the derangements of that nice piece of mechanism—the human body—he will, unless lamentably deficient in perceptive powers, see that he has been quite as great a dissenter from common sense as he professes to be in medicine.*

STUDENTS' ASSOCIATION.

TO STUDENTS.—A Meeting was held at the Crown and Anchor, on Monday Evening, the 31st of January, to consider the means to be adopted to improve the condition of the Junior Members of the Profession, when the following Resolutions were unanimously carried:—

1st. That it was the opinion of this Meeting, that a General Meeting of the Students of the Metropolis be held at some future day, to take into consideration their present state and prospects, and to adopt such means as may appear advisable to improve the same.

2nd. That a notice be sent to the different Schools to invite four Members from each to attend and form a GENERAL COMMITTEE of the Students attending the Metropolitan Hospital Schools, which Committee shall determine the period of a General Meeting, and the measures then to be brought forward.

3rd. That this Committee (so constituted) shall meet at 7 p.m., at the Crown and Anchor, on Saturday, the 12th of February, 1842.

It is earnestly requested that the Students of the various Schools will meet as soon as possible and elect Deputies to act on the above Committee.

All Communications to be Addressed by letter (pre-paid) to the Secretaries of the Students' Association, Medical Times Office.

THE MEDICAL TIMES.

SATURDAY, FEBRUARY 5, 1842.

Quò nos cumque feret melior fortuna parente,
Ibimus, ô socii comitesque!

THE approach of parliament exercised a partially sanative influence on medical Reformers. They have awakened somewhat from their winter torpidity, and members may fairly expect a few troublesome, if feeble, proofs of their continuous vitality. Dr. Carmichael has been furbishing up his nearly rusty, but still not inglorious weapon. Professor Kidd has re-appeared in the field, with little perceptibly diminished power; and, as if to save the character of medical unions, the North of England Association has opened the campaign by a very adroit, and, as we trust, it will prove a very efficient movement.*

All this is gratifying as far as it goes; and if Pope's line, that "man wants but little here below," were true, might be satisfactory enough; but, unfortunately, we are just now in need of *much*, and the little we have here, though viewed in the microscope of the most magnifying charity, is yet so out of proportion with the circumstances it is connected with, that it justifies the augury of no very important sessional results. It infers a weakness or inactivity among us that puts demand out of the question, and our legislators have not enough of leisure on hand just now to make it policy in us to beg. The questions of national polity that are fated to occupy their attention are too closely linked with party interests and power, and are too large and too numerous to give us much hope of securing their attention for a complicated subject not resistlessly pressed home upon them. Let us, then, calmly make up our minds for another year of deferred hopes.

Yet, let us not be inactive. If we cannot reap this season, we may sow for a season when we can. We must *recollect* that if we hope to achieve anything in parliament, we must present ourselves before it in a more orderly and imposing array than we have yet shown. This is our time of preparation. We require but little to muster speedily a strong body. If the higher members of the profession, who really understand the subject, would but take that interest in it publicly which they are made to feel for it in private, if rising to what they owe to others and society, they had the moral courage to fling aside that low respectability-mongering which degrades some of the best men of our body, and coming publicly forward dared to avow the principles which we know they entertain, the battle would not remain another session doubtful. Their very appearance together in public would be the signal of confidence, union, and activity. What if they condemn or contemn this or that Associations' proceedings? Can they not cluster together, unfettered by the silly rules framed to lift littleness into importance, and to preserve its petty altitude from the shadow of "o'er topping merit!" Let us have but five names we can mention, publicly calling their brethren to a meeting at the Freemason's Tavern, or Exeter Hall, to consider the propriety of addressing Parliament for essential changes in the medical government and jurisprudence of the empire; and we stake our character that there shall be thousands of ardent, zealous Reformers to attend and support them. We know that one of the five is ready to come forward, why will the rest not reciprocate his advances?

Let us not be told of our disunion. Our differences may serve ignorant or idle legislators, as the convenient slime in which they may bury their little heads under the pursuit of their Medical Constituents. But we deny that there is any essential want of union among real Reformers on the more important of the changes they advocate. There has been a great mistake made on this subject of disunion. The opposition of the enemies of medical reform has been singularly enough construed into a dissension among its friends. Because people with vested interests in perpetuated wrong, and because such nature-made valets as Mr. Peter Green, M.B., of the University of London, or Dr. M'Leod—whose literary footboyism long anticipated the College in stamping him Fellow—because beings such as these, humble dependants on the crumbs that fall from the table of official greatness, cunningly confound themselves in our ranks, prate about medical reform, and have no objection to the whole, provided you let them have it slowly, minus all its parts—it is foolishly imagined that there is division among the disinterested and independent men who are intent on having the question settled. An important demonstration, with a world of other good, would shatter this mischievous fallacy to a thousand pieces.

What want of harmony is there, we should like to know about the necessity of destroying our nineteen irresponsible corporations? The monstrous absurdity of

* See their just published Memorial, containing a luminous review of the present state of the profession, got up in a cheap accessible form, and distributed, we are told, by thousands. What practical men of sense are these men of the north!

such a number in one kingdom is a thing so clear, that to waste a word about it is almost to insult the understanding. Imagine nineteen mints in irresponsible hands constantly issuing their money ad libitum, and fixing to their coinage arbitrary values, regulated not by any standard drawn from the intrinsic worth of the materials, but by the whims or wants of the managers. Suppose that the coin which in Scotland would be a sovereign, should be equivalent only to the half-guinea of Ireland, and in England should be treated but as a punishable counterfeit! Such things would not be borne for a day by the business-wise people of England. Yet, how sensible, how harmless, would be such corporate coiners to the nineteen self-elected, self-regulating mints of medical qualifications, which having the healths and lives of numbers of their countrymen dependent on every exercise of their power, stamp the vital all-important word on every variety of worth with no other restrictions, save those imposed by the inclinations of the coiners, or by the requisitions of their coffers. But the one evil is gross and palpable, and touches the pocket; the other is a silent calamity that wingeth its way in darkness, and is only destructive of lives! To the Profession, however, this and similar monstrous grievances are sufficiently known, and we think we might safely guarantee for them, that if they could even overlook the lives placed in jeopardy by every part of the absurd and incongruous system under which they groan--the monstrous deformity of the whole would alone be sufficient to secure perfect unanimity as to the propriety of its immediate destructioa. In truth, we cannot well understand how in any country, pretending to be governed on anything like decent or enlightened principles, such a system can stand the public gaze for an instant.

In reflecting on the means which, with due attention, might be made to achieve the re-organization of British Medical Polity, we cannot forbear looking with the deepest interest on the incipient movement of the high-spirited Students of London. We see in it a new element, which changes vastly the aspect of affairs, and offers a fresh and stimulating augury of eventual success. Their power,—if successful in their union,—will be a power more effectual than the shamings of public opinion, or the representations of medical deputies. Supported by the voice of the public, and the frank co-operation of the teachers who sympathize with them, they will have the power of superseding the Company of Worshipful Apothecaries as effectually as an Act of Parliament. This is perhaps not a time to expatiate on all the good that may be extracted from this future Association, but we cannot end our reference to it, without giving it a hearty recommendation to the kindly care, and warmest, heartiest sympathy of our professional brethren.

CHOREA SANCTI VITI.

By J. B. THOMPSON, A.B., M.D., &c.

For the 'Medical Times.'

General Observations.—The disease to which he name Chorea Sancti Viti was first applied, very nearly resembles that produced by the bite of the "Tarantula." This disease in its simple form occurs more frequently in persons whose vital powers are depressed, the entire class of vital organs performing their functions imperfectly, and thereby occasioning an increased and morbid sensibility of the nervous system. This disease seems not only to disturb the functions of the nerves of voluntary power, but also those parts from which these nerves originate from the cerebro-spinal axis.

Peculiarities of Chorea.—This disease is much more frequent in the female than in the male subject; the average ratio of its frequency is stated to be about three in the former, to one in the latter sex. Chorea presents itself as early as five or six years of age, as instanced in the first case alluded to, but the most common period of life at which it occurs varies from seven to fifteen years, from second dentition to puberty; but no age is exempt from it; it has been witnessed at all ages, from forty to fifty up to seventy and even eighty. But in advanced life it is mostly complicated with other affections, as hemiplegia, rheumatism, paralysis, mental affections, &c. The predisposing causes are hereditary predisposition, nervous temperament, constitutional debility from whatever cause, deficient nourishment, malformation, precocious development of the mental functions, venery, weak assimilative or digestive powers, constitution, deranged secretions, inactive liver, vicissitudes of temperature, cold and moist climates, sedentary and confined occupations, bad or foul air, ill ventilated or crowded and close places, mephitic and miasmatic effluvia, want of cleanliness, rheumatic, scrofulous, and rickety diathesis. The exciting causes may be worms, as in the first case, with morbid accumulations in the intestines, fall or injuries on the head or spine, fright, incautious use of preparations of mercury and lead, suppressed discharges and eruptions, such as herpes, itch, &c., metastasis and extension of rheumatism to the membranes of the spinal cord, previous disease, as eruptive fevers, epilepsy, hysteria, second dentition, anxiety, concealed mental emotions or impressions, frequently excited jealousy or envy, amenorrhœa as in the second case, dysmenorrhœa, &c. &c.

Treatment.—A close and careful consideration of the nature of the disease will readily suggest a sound and rational line of practice. This ought and should be the ruling principle adhered to in the treatment of all diseases. In no one disease in the whole range of medicine are there so many remedies suggested for the cure as for this very disease now under consideration. They may be generally classified as follows, viz.—emetics, aperients, purgatives, bitters, tonics, depletion, general and local, counter-irritation, electricity, galvanism, *animal magnetism*,* *anthelmintics*,† mechanical and chemical cold and warm baths, Douche, antispasmodics, emmenagogues, hydragogues, cathartics, narcotics, sedatives, mineral acids, prussic acid, nitrate of silver, strychnine, strammonium, Fowler's solution of arsenic, iodine, zinc, iron, and copper, the various preparations of potash. The object in these cases should always be, to get rid of morbid secretions and fæcal accumulation, the invariable cause of irritation to the organic nerves; to subdue any vascular excitement or congestion of the vessels of the brain or spinal cord, should symptoms indicate its presence; to improve the general health, and thereby raise the tone of the general nervous system, and the natural healthy functions of the assimilating and secreting organs. Irregular forms of chorea present more or less of a hysteric character, and these cases are sure to be attended with disordered states of the functions of the uterus, and of the circulation in the brain or spinal cord, or both. During convalescence, and in the advanced course of treatment, change of air, agreeable society and amusement, exercise in the open air, as on horseback or in a carriage, the use of aperient or chalybeate mineral waters. It may be necessary to mention why I was desirous to try secale cornutum in this disease; I did so on two grounds. First, reasoning from its well-known and long-established property in acting on the uterine system, and as the second case was one where I deemed it advisable on this principle, I gave it with a view to predispose to the appearance of the catamenia. Secondly, from its recently-discovered property of acting beneficially in cases of paralysis from lead, and in the paralysis agitans or tremens of elderly people, in which latter case I have seen great benefit from this medicine recently. It seems to give a firmness and fixed steadiness to the hands in these cases. The "modus operandi" of this medicine is as yet not well understood, but it evidently acts so quickly that it cannot be supposed to go through the medium of the circulation. It would strike one as if it were capable of acting on the sentient extremities of nerves of voluntary motion, and through them on the muscular fibre. It was from my observation of its beneficial results in these cases that I was induced to give it a trial, and though one case is not sufficient to establish a proof of the efficacy of this or any other medicine, still I may presume that we know sufficient of its property to recommend it to the favourable notice of the profession. It is not as dangerous a medicine as is generally supposed, but it is one of those medicines which are apt to accumulate in the system; hence the necessity for caution during its use; it was on this account that I considered it judicious to leave it off for a few days, and give the other medicines in the mean time. This gives it time to act on the patient, and by this means you avoid, in a great measure, its tendency to do any serious mischief. It can be given to a larger extent than is supposed. Dr. Williams states, that he has been giving it in cases of paralysis from lead, at St. Thomas's Hospital, in ten grain doses, three times a day, and even this was continued for a month in some instances without any bad effects, and as he states, with comparative success when other remedies failed. It is a medicine of considerable value and importance, and will I have no doubt become a very useful and salutary agent in the treatment of many of these cases of hysteria, epilepsy, chlorosis, paralysis, &c., particularly in hospital practice. To try this medicine fairly, then, we should have it recently powdered, and ascertain that it possesses its peculiar smell, (resembling somewhat that of new-mown hay,) and that it is not musty. Even with these precautions it occasionally may not succeed, certain constitutions appearing not to be suscepti-

* It appears that Dr. Elliotson has tried animal magnetism in cases of chorea, and with considerable benefit. It no doubt deserves the attention of the profession in this and other cases. Should it prove to justify the opinion at present held of it by some, it will probably, in the course of a short time, when its principle of action may become somewhat better understood, be made available as a remedial agent in the alleviation of many anomalous complaints, particularly amongst the female sex.

† The poorer classes in Ireland and in Scotland are in the habit of burning the husk of the oats, and then reducing it to a fine powder, mix it with sugar or molasses, and give it to the children that are being affected with worms, in the mornings. This acts as a mechanical anthelmintic, and may no doubt prove a useful agent after a previous brisk purgative having been given. Rue tea is also much in use among these people, and it is very useful in hospital and dispensary practice.

ble of its influence. In some instances, where it may be given to a large amount, it is likely to produce delirium, and it invariably seems to depress the pulse. I have seen it, in some instances, where it has been given for inertness of the uterus, cause coma, and stertorous breathing, but this resulted from its incautious use, and in very considerable quantity; however, no fatal consequences followed. It is certainly inadmissible in cases where there might have been a predisposition to plethora, or fulness about the head, neck, or chest.

SYPHILIS.

As evincing the terror that the venereal inspired at its first irruption, a fact which furnishes an irrefragable proof of its being hitherto a disease unknown among the people, I may likewise cite in this place the more generally known "Arreste" of the parliament of Paris, in reference to the venereal, dated the 6th of March, 1496, stating that, "Because in this city of Paris many persons were sick of a certain disease called the Great Pocks, which had raged *for the last two years* in this kingdom, as well in Paris as in other parts of France;" and as there was reason to apprehend that it would increase as the spring advanced, it was advised to provide accordingly. In order, therefore, to put a stop to the inconvenience daily occurring from the visiting and communication taking place with the sick, it was counselled, determined, and decreed by the Reverend Father in God Monsieur the Bishop of Paris, the officers of the crown, and the mayor and sheriffs of Paris, as follows:—

1. That the public town-crier should announce, on the part of the king, to all strangers, whether men or women, having this disease, and not dwelling or resident in this city of Paris, that within twenty-four hours of this notice, they depart the said city to the country or places of which they are natives, or to where they abode when taken with the distemper, or elsewhere they like, on pain of being hanged; and to facilitate their departure, they are told that at the "portes," St. Denis and St. Jaques, they would find persons properly deputed to give four Parisian sous each. They were, moreover, forbidden to re-enter the city until perfectly cured of the disease.

By the 2nd article it was ordained, "That every citizen, having the distemper, was to confine himself to the house, under the same penalty."

By the 8th, the mayor give orders to the examiners and serjeants not to suffer any communication between the sick and the inhabitants, and those found disobeying this interdict were to be expelled the city or sent to gaol.

And by the 9th, the city gates were to be guarded that none might stealthily re-enter.

In the foregoing observations, sufficient evidence has been adduced, it is presumed, to establish three important points:—First, whence the venereal was originally imported; secondly, in what manner it was conveyed to Naples; and lastly, by what means it was introduced into France. But in again looking into the history of the times, we shall find that there took place another event at the period not less influential in disseminating the contagion than the march homeward and disbanding of the French army; the writer alludes to the conquest of Granada in the reign of Ferdinand and Isabella, and the subsequent expulsion of the Jews from that country on the institution of the Inquisition. History acquaints us that Ferdinand reconquered the Saracenic portion of Spain about the year 1492; and that shortly after this the Inquisition was established, which led to the prosecution of the "Maranos," as the Jews were called, and their total expulsion from Spain. This event took place in 1493, *after the arrival of Columbus*; and we have the direct testimony of Leo Africanus to the fact, that neither the venereal disease nor even its name was known either in Numidia or Libya before Ferdinand II. had expelled the Jews: on this account the Africans called it the Spanish disease.

Stephen Infessura, secretary to Pope Alexander VI., tells us that these exiled Jews arrived in great numbers at Rome; and that they brought a pestilence with them which destroyed one-third of the population.

Some writers have referred to this fact as one establishing the fatal nature of the venereal in its original state; but the very fact of its great mortality proves that the disease could not be the venereal. Rome always was, is, and likely ever will be, subject to what used to be called "plagues," from the nature of the soil on which it stands: besides, it was an aptitude of the times, from intolerance and superstition, to ascribe every public calamity to these persecuted people.

But while events such as have been referred to may be adequate to explain the dissemination of the disease from one distant country to another, there is yet wanting a cause to account for its general and indiscriminate propagation from individual to individual.

The almost universal prevalence of the venereal among all ranks of society is attested by most of the early writers. Grunbeck tells us that the magnates of the land—kings, princes, bishops, and the noblesse—all laboured under the malady. Marco Antonio Sabellico, a Spanish historian of the period (1506), says that almost every twentieth person was affected; and according to Benedict Victorious 'Consilia Medicinalia, 1536,' it had got even into nunneries.

Whatever might be the unfounded and hypothetical opinions which obtained credence in early times, of the capability of the disease being propagated by the atmosphere through the influence of the planetary system, and other such-like insufficient and fanciful means, it has long ago been ascertained that nothing but the actual contact of the virus can communicate the disease; and we have no good grounds for believing that it ever was otherwise. This leaves us, therefore, but one way of explaining its general prevalence among all classes; and that is, universal and indiscriminate licentiousness. In an imputation which conveys so heavy a censure and disgrace on the character of the age, history unfortunately bears us out; and in the incredible profligacy of manners which at that time so generally pervaded society, we shall find means sufficient to account for a circumstance otherwise inexplicable.

We have but to look into the life and character of the then universally acknowledged head of Christendom, Pope Alexander VI., as handed down in history, to judge of the state of morals that existed among the priesthood and society in general; and when we have taken a view of the undisguised, unbounded, and hideous licentiousness of that pontiff's life, and of the utter prostration of every moral decency and observance which must have followed on such high sanction and example, we shall no longer have cause to wonder at the rapid and universal spread of the venereal over Christendom, or longer deem the circumstance an unaccountable anomaly in pathology.

Alexander the Sixth, as has been said, was pope at this period; and two of his physicians, Pietro Pinctor and Gaspar Torella, wrote treatises on the disease.

History tells us that this pontiff was publicly accused of criminal intercourse with his own sister, whom he took away from three husbands successively, and caused the last to be assassinated, that he might bestow her in marriage on the heir of the house of Esté. The nuptials were celebrated in the Vatican with the most shameless diversions that debauch had ever invented for the confusion of modesty. Fifty courtesans danced naked before this incestuous family; and prizes were given to those who exhibited the most lascivious motions. The Duke of Gandia and Cæsar Borgia (at that time cardinal), both sons of the pope, are said to have publicly disputed the favours of their sister Lucretia. The Duke of Gandia was assassinated at Rome, and Cæsar Borgia, his brother, was the supposed author of the murder. The personal estates of the cardinals at their decease belonged to the pope; and Alexander was strongly suspected of hastening the death of more than one member of the sacred college, that he might become possessed of their treasures. But notwithstanding these enormities, and the fact illustrates the debased state of the private morals of the period, the people of Rome, we are told, obeyed this pontiff without murmuring!

In proof of the scandalous lives of the clergy of former times, we are told that the prelates who attended the Council of Trent publicly took their kept-mistresses with them, as part of their suite; and prostitutes from all parts flocked to the Council as a good speculation.

"Many of the dignified clergy," says Robertson, speaking of this period, "being the younger sons of noble families, were accustomed totally to neglect the duties of their office, and indulged themselves without reserve in all the vices to which great wealth and idleness naturally give birth. Though the inferior clergy were prevented by their poverty from imitating the expensive luxury of their superiors, yet gross ignorance and low debauchery rendered them as contemptible as the other were odious.

The prostration of morals was not confined to the seculars of the church; it had penetrated to the santuary of the convent, and nunneries had become scenes of the most abandoned licentiousness. In a work entitled, 'Of the Corrupt State of the Church,' by the then Rector of the University of Paris, the author exclaims,—"For what else are nunneries than detestable brothels, receptacles for the consummation of every species of lewdness and debauchery? so that, in our days, for a female to take the veil is the same as if you were to expose her to public prostitution." Even in King Henry the Eighth's time, the clergy had not much improved in conduct according to Simon Fish; for in his 'Supplication of Beggars,' which Simon presented to King Henry in 1530, he accuses the Romish priests of "catching the pocks of one woman and bearing them to another." Not more creditable is the character given by John Bale, Bishop of Ossory, of Dr. Hugh Weston, who was Dean of Windsor in 1556, but deprived by Cardinal Pole for adultery. As affording a specimen of the style of expression of the period, the author will quote it:—"At this day is lecherous Weston," says the Bishop, "who is more practised in the art of Breech Burning that all the whores of the stews."—"He not long ago *brent* (clapped) a begger in St. Botolph's parish." Elsewhere he tells us of him that "he had been sore bitten with a *Winchester* goose."

After this exposition of the character of the persons composing the priesthood of the age, can we be surprised at reading that there should not have been "almost any religion remaining?" or longer wonder, considering the frightful state of public morals, at the general prevalence of the venereal disease among all classes? or that the truly devout should have attributed its origin to "divine wrath?"—*Dr. Weatherhead's History.*

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

CASE II.—CONCUSSION, AND CONSEQUENCES ATTENDING IT.

James Wasley, æt. 11, admitted May 17, 1841, under Mr. Hawkins, with scalp wound of considerable size upon the right parietal bone; just recovering from a state of collapse; pupils rather contracted; was kicked by a horse, after falling from and getting beneath him; no sickness. The wound had been brought together by strapping; 6 p.m., considerable pain in head; pulse has risen to 80. Fever diet.—R. hydrarg. chlorid. gr. iij.; pulv. jacobi. gr. iij.; statim haust. sennæ, post horas iij. The wound was again examined, no denusion of pericranium.

18. Pain in head not quite so severe; pulse steady; bowels confined.—R. h. sennæ, s. s.; haust. salin ℥j.; vini. antim. pot. tart. m. xx.; potass. nit. gr. vj; 6tis horis.

19. Less pain in head now than last night, when it increased; bowels acted upon by haust.; tongue white; pulse quick, and *rather* weak; skin very hot: v.s. ad. ℥vj.

20. Blood not buffed; pulse steady; less heat of skin; discharge from one part of wound; flap discoloured in one place, and apparently sloughing. Green dressing to be applied.

22. Yesterday was ordered gr. iij. of calomel and h. sennæ, on account of loaded tongue, which to-day is better; slight erysipelatous inflammation on the face; no pain in head; skin hot; thirsty.

25. Yesterday was ordered to repeat the draught and pill, on account of constipation, with tongue foul and dry; to-day is better; erysipelas going; slough separates; omitr. haust. Beef tea with arrow-root.

27. Repr. pil. and haust.

30. Tongue pretty clean; howels regular; wound healthy; pulse steady.

June 4. To get up; much better; half ordinary diet, beef tea, one pint.

11. Was ordered haust. rhei. on 7th, which is to be repeated cum pil.

20. Wants support; looks unhealthy.

28. Haust. cinch. ℥jss; ammon. carb. gr. v.; bis in die sumendus.

July 5. Pil. hydrarg g. v, s. s. h. rhei. mané; going on well.

9. Wound has been flabby the last few days; apply caustic. Repr. pil. and haust.

12. Much better; wound nearly healed. To be made out-patient.

Remarks.—This case is an instance of preternatural slowness of pulse, arising from weakness, (as I before stated); the heart is not sufficiently influenced to act, on account of some disturbance in the brain, therefore the slow and weak pulse continues until the brain receives sufficient stimulus. Now by giving better diet, the heart, independently of the brain, is excited by the contents of the thoracic duct, contracts more forcibly, and supplies the deficiency in the cerebrum, which then exercises its influence, and all is right. Pain goes, and there is a demand for increase of nutriment; this must be considered in regard to circumstances before the request is complied with. From the many cases having occurred, in which irregularity and weakness of the pulse having followed depletion in concussion, overcome by increased diet, little doubt remains in my mind but that weakness is the sole cause.

The case itself was one of simple concussion, attended afterwards with a little febrile inflammatory attack, but which was speedily subdued by venesection and aperient salines, &c.

General Remarks upon Concussion.—The brain, the great sensual organ, from its minute and delicate structure, is subject, upon receiving sudden impressions—as a blow, to be disturbed or even altered in position; should the impression be great, rupture or laceration of the minute fibrillæ of which it is composed takes place, and as effusion of blood is compatible with lacerations in other parts of the body, so we shall find it to exist in the brain also, carried to a greater or less extent. Respecting alterations in the action of the vessels in the brain after concussion, the most prominent are the following:—The brain acting so beautifully as a whole, upon the receipt of an injury necessarily influences more or less the functions which it has to perform, and as great sympathy subsists between it and the great organ of circulation, the heart, we find it suffers, and is partially stunned, hence that regularity of the blood's motion is interfered with, the rapidity of the stream is lessened, and its integrity in a measure impaired, followed by loss of sense and power, &c. Nature by degrees brings the brain to its previous state, the heart becomes sensitive of its previous indisposition, beats with increased rapidity—thereby, in the first instance, restoring the natural circulation to the brain, and, in the second place, of increasing such circulation—thus producing what is named reaction, accompanied with headache, return of sensibility, &c., showing that the circulation is only arrested, not altered. On post-mortem examination, lesion or abnormal appearances may or may not be detected; when it does exist, evident lacerations surrounded by ecchymosis is clearly observed, which enables us to draw the conclusion, that although unobservable in the original instance, a displacement of the minute particles exists, perhaps laceration, perhaps not.

It is founded on experience that the brain will allow the existence or pressure of foreign bodies on its substance, which have found their way by degrees, and developing themselves by instalments, without any apparent alteration, such as the growth of exostosis or medullary tumours in the diploë, or the formation of matter in its substance; and in animals vessels have been divided, their contents have flowed gradually, and by so doing have caused little or no injury. The fibrillæ accommodate themselves to a certain amount of pressure, which if exceeded gives rise to those symptoms hereafter to come under notice. It is shown by this, therefore, the injury must be sudden and violent, dividing the effects of concussion into collapse, which immediately follows the accident, and those which exist and follow after reaction has taken place, may be thus enumerated, collapse, 1st stage, function of the brain depressed, viz., insensibility, loss of voluntary motion, countenance pale, extremities cold; slow, feeble, and intermittent pulse; contraction generally of the pupils; such a state may be lasting, or continue only for a few days by terminating fatally; but if the injury received has not been sufficient to produce this, the 2nd stage follows, which is reaction, and which is always in ratio to the previous depression, appearing at different periods, according to circumstances; the heart which beat before with scarcely perceptibility, now puts on increased rapidity, thereby driving blood with greater force to the brain; it partly rallies, sensation and power by degrees return, accompanied with violent pains of the head; the sympathy which exists between the stomach and brain by means of the par vagum is called into action to evince this return of susceptibility; it does so, vomiting ensues, the contents of the stomach are ejected; now the pulse becomes full and hard, breathing easy. In some cases the shock has been so slight, that after a little stunning they get up and walk away, as if nothing occurred, but in others the case is changed; loss of sense and power accompany each other, coupled with stupor, and which for some time continue; dull countenance, individual observations pass unheeded, and when roused he puts on the vacant stare, accompanied with violent exclamations, which soon again are thrown away to pass into his former state, passes restless nights, constantly roaming, pulse very excitable. In that which is not understood let nature prescribe, and our treatment should vary accordingly, that is, in the majority of cases doing nothing at all during the collapse, as such a case may be favourable, supposing laceration to have taken place, by producing coagula of the fibrin, and by such means stopping the hæmorrhage; but if general depression of the functions remain for a long time, the patient may die, and therefore something ought to be administered to produce reaction. The application of hot water with brandy and water are the usual remedies; in most cases (in every ?) great quietude should be observed during the collapse. Immediately upon reaction taking place, and the circulation returning with increased violence, venesection must be resorted to, to reduce the pulse below the natural standard; the removal of the hair and cold lotion to be employed; the return of venous blood should be accelerated by elevating the head; after the abstraction of blood, watch the pulse carefully and regulate it by the administration of antimony and mercurial purgatives. For instance, lig. antimon. tart. ℥j; magnesia sulph. ℥j. mist. camp. 4tis vel 6tis horis; antim. tart., gr. ¼; potassæ nitras, ℈j, to reduce increased action of the heart, and to force the vessels to secrete the urine; if heat of skin and dry tongue exist, R. haust. salin. c. magnes. sulph. calomelanos. gr. v. haust. sennæ postea. The great object next is rest; diet spare; upon such a course, by repeating the bleeding and careful administration of antimony, the pulse may be kept under sway, and all inflammatory symptoms subdued. Increase of diet by degrees, and more exercise of body and mind, all these must be observed with great caution—at the expiration of some time, (say a month) the pulse remaining natural and no indication to inflammation, his discharge for the benefit of the institution becomes necessary, not forgetting, however, to caution him against too great excess at the table. But this is not the case of many, and frequently the management much, is more delicate, for as in one merely drunk the collapse may last for some time, and is followed by tolerable reaction; if blood be indiscriminately drawn in this case, death may be the result, preceded by convulsions and coma. The breath is always a distinguishing mark, and if the stomach has ejected its contents, they should be carefully examined also; and should the coma continue for a long time, bleeding is not required. The application of cold water on the face, &c., counter-irritants, stimulating injections by the rectum, is generally employed.

Again, there are other cases of this nature putting on different characters, and therefore denominated mixed ones, the symptoms produced being dependent only partly on concussion. These are the cases that require the greatest attention, the greatest caution, and the nicest judgment, otherwise the diagnosis will not be correct. Suppose a blow to have been received on the head, followed by the collapse of concussion, followed by reaction and gradually by a state of depression worse than the former, accompanied with convulsions, and a labouring pulse supervene—the question comes, on what do these symptoms depend? We conclude from it, that it is concussion with laceration, and so soon as reaction takes place we find the ruptured vessels pour out their contents at random; hence follow the symptoms or effects of compression. Should there be hæmorrhage from the nose or ears, we conclude there is fracture of the base of the cranium, perhaps through the ethmoid, sphenoid, and petrous portion of temporal-laceratius, the sinuses, or the meningeal artery, thereby causing extravasation immediately on reaction commencing, which finding no exit or passage, gives rise to compression. Various are the theories, various the glowing conjectures, what to do in such a case, but our own observation must in a great measure teach us what to do. The theories formed in a closet which divide and subdivide the symptoms of compression, concussion, and irritation, from each other, and lead one to imagine he cannot be baffled, will soon be found to be erroneous—they must be employed with caution, as the too confident and theoretical man frequently, alas, finds out.

Whether it be from the cause or effects of external or internal injury, or from disease that the brain is suffering, our attention to the symptoms is imperatively necessary, and they must be accurately noticed, from the slightest stun to the state of gangrene, and the mean taken. In one case the countenance will suffice for a guide, while in another it teaches us nothing; but in these the pulse generally points it out, in fact,

such is the variation, that no two cases appear alike, though received from the same injury. By improper management, by causes within our comprehension, and not under our control, inflammation of the brain or its membranes is apt to follow after a concussion howsoever slight. In a case witnessed by me in the country, the man recovered without an untoward symptom, but through *mismanagement*, inflammation of the brain was established, and the man died in fourteen days from the accident. It may occur immediately, or may follow after the lapse of a few days. The earliest indications are restlessness, broken night, pulse accelerated, thirst, headache, increased when the substance of the brain is the seat of injury, instead of the membranes. As the inflammation proceeds, the symptoms are aggravated, especially the pain in the head; the manner is different, he appears as if suffering from drunkenness, a vacant stare pervades the countenance; tongue white; pulse full and sharp; face flushed; delirium follows. Following this are the consequences of inflammation; the excitement by degrees is lost; pus is effused, the manifest symptoms of the supervention of compression; rigors; pulse low and rapid; convulsive twitches; night sweats; paralysis; laborious breathing, &c.: these are not only the symptoms indicative of the existence of pus, but of serum also, for post-mortem examinations have proved such to be the case. The extraneous matter deposited by inflammation is not confined to a single spot, but may be smeared over the whole surface of a hemisphere, or, as in some cases recorded in St. George's district, abscesses may exist in the substance of the brain itself.

The treatment consists in examining minutely and accurately the condition of the patient, looking anxiously for the earliest symptoms of derangement, as languor, acceleration and sharpness of pulse, headache, and meeting it with determinate antiphlogistic measures; venesection quickly used to sixteen or twenty ounces—apply cold lotion or ice to the shorn head; administer mercurial purges, as calomel. anos gr. x. haust. sennæ postea. If the pulse rises, repeat the bloodletting, great care being observed to distinguish the hardness occasioned by depletion from that of inflammatory action. Should there not be occasion to repeat the bleeding, antimony and nitre should be given, but as a general rule a gentle course of mercury should be given after depletion; for instance, R. calomel gr. ij.; pulv. opii. gr. ¼ 4tis horis; thereby avoiding the termination of suppurative inflammation, and the patient gets well. Blisters (applied to the nape of the neck, kept open by mercurial salves) and other counter-irritants are to be employed on the substance of the active inflammation. These remedies (blisters, &c.,) are of little avail except at the onset, and too often it happens (as in the case which I observed in the country) that through ignorance or negligence (perhaps both) the inflammation is not observed until suppuration has ensued, and which is distinguished by rigors, &c., loss of sense, power, terminating in death. After suppuration has established itself, and no egress is given to the matter, compression ensues; but as, in some instances, the matter escapes spontaneously through some external opening, your patient's hopes may be again raised as his chances of success are much better, as by active treatment the patient may recover. Case 1 illustrates compression from pus. Blood also may be extravasated between the skull and dura mater, in the substance of the brain, or on the arachnoid upon either side, and, as we have shown, the symptoms may occur immediately or not.

Compression, from whatever cause emanating, whether it be from depressed effusion of lymph or pus, extravasation of blood, or pressure from tumours, may be thus shown as the symptoms indicative of it—perfectly devoid of sensation, eyes fixed, slow weak pulse, dilatation of pupils and not contracting on the stimulus of light, breathing stertorous. paralysis on one side the body, convulsions on the other, or either of both, paralysis of involuntary muscles, foam at the mouth, change of colour in countenance, as if from nervous congestion, with darkening of the lips; asphyxia or death. Loss of smell and speech, squinting ptosis, loss of sight, are also characteristic of this disease, and are often attended with complicated hæmorrhage from the nose, ears, mouth, &c.

We have stated, and again reiterate it, when compression arises from extravasation, venesection (largely) must be resorted to, with the view of preventing any further effusion, and aiding the process of coagulation. When through an external wound it is found to exist from fracture of the skull and depression of the bone, the symptoms retire on elevating the bone, which teaches such an act is necessary, and therefore it is done; when from inflammation, unless free passage is given to the effusion externally, it is certain to terminate fatally.

When it arises from the existence of a tumour, whether it be exostosis or medullary fungus originating in the diploë of the cranial bones' it matters not, as in the previous case, (viz., inflammation) so in this nothing can be done, or at least with satisfaction; for supposing an attempt is made to remove it, it is found covering a great extent of surface. and thereby denying the entire removal without wounding the dura mater in the first instance, and in the second, because the irritation produced by its existence has been the cause of inflammation of the membranes, which were carriers to the brain itself.

It is very common to have actual convulsions immediately following injuries of the head, or perhaps appearing after the expiration of some few hours or even days, and at about this time, inflammation of the membranes supervene, and it may be difficult to know whether they depend upon it, as secondary to the accident, or the effects of the injury independent of the inflammation.

Hence, then, from these cases and observations, we may draw an inference, that both in concussion and compression, the cause of convulsions is probably the same, viz., irritation; dependant or produced in the former by laceration, in the latter by pressure.

G. S.

REVIEWS.

On Rheumatism in its various forms, and on the Affections of Internal Organs, more especially the Heart and Brain, to which it gives rise. By Roderick Macleod, M.D., Physician to St. George's Hospital.

Any one who voluntarily places himself in a position wherein his duty, as he imagines, obliges him to pass judgment on others, should himself be tolerably well assured of possessing such a degree of merit, that, if by any act of his own, he himself should be put on his trial, he might not prove his own incompetency, that he should have no great reason to dread having his acquirements and abilities submitted to review, and his knowledge of what he may choose to write upon subjected to the ordeal of an impartial investigation.

We have thought it necessary to premise thus far from a circumstance well known, if not fully avowed, namely, that the author of the work we are about to notice is the reputed head-editor of a certain medical hebdomadal, certainly not the most brilliant in the world of letters.

Two reasons are usually deemed sufficient with the profession to justify the publication of a book on medicine—the one, that it is wanted, that nothing, or next to nothing, has been hitherto written on the subject; and in this case we are pleased if not satisfied with any information, no matter how little, or how imperfect. The other justification is, that the author has really something new and important to communicate notwithstanding that much may have been written on the same subject before. These are the reasons which the profession willingly accept, and are always ready gratefully to acknowledge.

But there is yet another inducement to publish a work—one of a totally different character to the two proceding—one, in fact, which the author can justify to himself, but to himself alone—and that is, that *a book he must write*, no matter whether ill or well, the cacoëthes must be indulged, for he has a purpose to serve.

By keeping these several incitements in view as we carefully perused Dr. Macleod's book, we were not long in discerning which of the three was the irrisistible, all-compelling *vis-a-tergo* in the present instance. The very commencement of the book is imposing, for the author there gives us a table of contents as minute and specific in its details as an auctioneer's catalogue—in fact, more is to be found in the table of contents than in the book itself; and after whetting curiosity with his bill of fare, Don Roderigo breaks ground fairly—the subject is unkennelled, the view-halloo is given, and and off the Don starts at a blustering, flustering jog-trot, like the Windsor sweep on his donkey after the royal stag-hounds—and now it is that he begins to astonish the genus "homo medicus;" his very first words are the herald of a discovery, viz., that "atmospheric vicissitudes are the chief cause of rheumatism!" He afterwards proceeds to tell us that "*fibrous membranes* are simple or compound. The former division includes ligaments and fascia, aponeurosis, periosteum, and perichondrium—varieties which differ in thickness and density, but possess the common properties of *being fibrous*." Could insensate drivelling well go farther? how else, sir wiseacre, could they be reckoned *fibrous* membranes did they not possess the properties common to *fibrous* structures?

The learned Theban next proceeds with due prosaic ponderosity to describe (what he appears to suppose had never been described before) the symptoms of rheumatism. He *informs* us that the patient may be attacked with *pain* in one or more joints, with *tumefaction* and *redness*; that "the pain is often very severe, and the constitutional disturbance considerable!!!" There is something new here, reader. Speaking of calomel (page 88), Dr. Macleod makes the following novel remark—"*I believe* its tendency to run off by the bowels may always. or almost always, be controlled by opium." Oh, Roderick, thou Goth! which are we most to admire?—thy belief—thy sagacious reservation—or thy unheard-of discovery? The observation is so valuable for its entire newness that we must put it down in our note-book, thus:—"Memo. opium can always, or almost always, control the operation of calomel—*illustrissimo Macleod auctore*." By our Lady! it behoves Mr. Wakley to bestir himself, else his pretensions and universally acknowledged claims will be extinguished quite; there is a formidable rival in the field to set the Thames on fire; and although the M.P.-rical editor of the Lancet is an old, well-known hand in that way, Roderick (though not "the last," yet, certes, not the least "of the Goths,") will be beforehand with him. Nothing could better describe the former than the words of Plutarch

"Alterâ manu fert aquam, alterâ ignem;" still, the salamander must not be too confident. *Soli lumen mutuari* is the occupation of both, for both are "illuminati" in their way. (ARCADES AMBO!)

One thing, at the least, the public have a right to require of a professed literary man, we mean, a correct use of language. In this respect, Dr. Roderick Macleod is eminently deficient. Throughout this small work (though lately so be-puffed in the "Times" newspaper) there are everywhere evidences of the utmost slovenliness of style, and blunders of speech. Roderick, nevertheless, is awake to the advantages and credit likely to accrue from "agreeing" with his betters, or in his betters "agreeing" with him; there is nothing like fixing one's self on good company. Aye! Roderick, similes similibus, is that your drift? Sir Benjamin Brodie, quoth "The Goth" (page 98), saw the *patient* at this period, and *agreed* with me in regarding *it* (what, the patient?) as &c." Again, at page 49, "Now, *agreeing* as I do with Dr. Watson." How we apples swim! Verily, this is altogether an *agree*-able affair on the part of Roderick. In page 14 the author says—"the elbow is not so often the seat of attack as *either* the knees or shoulders." Pray, where was the need for the word *either*, if not for sheer verbosity? At page 105 we find the egregiously incorrect expression, "*either* shoulder had been in succession the seat of acute pain." Had Dr. Roderick Macleod ever studied Bishop Louth's English Grammar, he would have seen this highly incorrect use of the word "either" emphatically condemned. *Either* does not mean *each*, as is obvious from the difference of their etymologies; and it was the sense of the latter of these words that the author intended to express; "both shoulders" is the correct expression, but instances of similar grammatical improprieties abound in Dr. Macleod's book. Though medical writings do neither admit nor require the higher embellishments of rhetoric, there is yet nothing in their character to exclude that chaste eloquence which distinguishes the scholar, an elegance of expression to be evinced even in the wording of a familiar note. Dr. Macleod's style, on the contrary, is heavy, sodden, fatiguing, and spiritless; often remarkable for extreme slovenliness; and, as we have shown by a few out of the many instances which might have been quoted, it is at times downright ungrammatical. To find such defects in one who, we are to presume, reckons himself *a man of letters*, a critic, a doctor of a college, (i. e. a *learned* man,) is a lamentable example of ignorant self-sufficiency. All we further wish to observe on this head is, that if he be a man of *letters*, his *literary* acquirements do not go much beyond a knowledge of the *alphabet*. Mark the climax inverted, the pyramid set on its point, in the following passage:—"*Generally* in the course of a few days, and *often* within twenty-four hours or *less*, the pain diminishes!" You may whip your inverted pyramid as a boy does a top, for amusement, Master Roderick, but were you inclined to take friendly advice, ours would be "Go to school again and learn your 'Rudiments.'" But it is time to close our notice of this very ordinary book, it is a sad commonplace affair, containing not a tithe of what is to be found much more ably treated on in Corvisart, Bouillaud, Chomel, or Hope; and if Dr. Macleod expects, now that the last of those able physicians is dead, to succeed to his reputation by this trumpery, superficial production, we may venture to predict that he will fail in his object. We may further casually remark, that poor Hope's work is kept quite in the back-ground by Dr. Macleod, sunk as far as he is able to do it nto oblivion; indeed the very mention of his name appears to have been studiously avoided. Roderick being a doctor, is a classical scholar. Let him, therefore, remember that "duro flagello mens docetur rectius"—our wish is that he may profit by the precept. On the hebdomadal which he supervises, let him disport his inanities unrestrained, and by us uncensured; but we would advise him never again to write a book, for to conclude in the words of the Times's review of Lister's "Glory and Shame of England," this is a sad washy, trashy, snivelling and drivelling publication;" exemplifying, in fact, "the washy, trashy, snivelling, drivelling" periodical, of which Dr. Macleod and "*his man*" Domeier, have been so long "the washy, trashy" editors.

MEDICAL MEMS. OF THE WEEK.

Dr. Wilson of the Middlesex Hospital, relieves the constipation attending colica pictonum by placing the patient in a warm bath, and gradually injecting, with an elastic tube, the warm water up the intestines. The remedy is good in all severe constipations.

Dr. Marshall Hall declares that extreme heat and extreme cold equally produce spasmodic action in the muscular system. This fact may be made the basis of useful medical treatment.

Dr. Thomas Addison declares that the circumscribed gangrene of Laennec is commonly, if not always, a mere effect or advanced stage of pulmonary apoplexy. Chomel, we believe, has anticipated the Doctor in the same opinion.

Sir Benjamin Brodie told the pupils of St. George's Hospital, that the incontinence of urine in children is not properly *incontinence*. He calls it merely a bad habit. He is mistaken, there are usually weak organs with much imagination in such subjects. Dr. Prout adds, that their urine is peculiarly acid. Sir Benjamin fastens a piece of steel at the back of such children, which prevents their sleeping on their back—the only cure except time and increasing strength, and which proves the influence of imagination in these cases.

Sir Astley Cooper says, that if a person is bled when arterial action is very strong, a pulsating motion is observable in the blood from the vein.

The belief is getting more and more general in the utility of warm baths in scrofulous complaints and all diseases of the skin.

Dr. Graves has been publishing a number of cases, in which patients with large abscesses in the lungs, distinctly diagnosticated, have entirely recovered. His treatment was palliatives, milk diet, tonics, country air. He asserts that Dr. Stokes and himself have seen these recoveries in all stages of phthisis, and in persons of a phthisical constitution and phthisical family.

M. Bandelocque, in all cases where the infant is born weakly, or in a state of asphyxia, does not cut the umbilical cord for some time at least after birth. He says, the circulation in such cases continues through the umbilical vein, though even the umbilical arteries do not beat, and that premature section cuts off a chief aid to revival.

M. Becker has successfully employed an injection of belladonna in cases of ileus. No narcotic effects followed.

Mr. John Adams has tried electricity in traumatic tetanus, he says, with miraculous effects. He tries it from five to ten minutes at a time, at intervals of three and four hours, as the urgency of the case may seem to require.

The English practice of using nitrate of potash in acute rheumatism has been introduced into France, and employed by M. Arran, in several cases he has published, with signal success. The mode of administration consisted in dissolving from two to five drachms of the nitrate of potash in about a pint and a half of some ptisane, sweetened to suit the taste of the individual, and this quantity was taken in the course of the day. The quantity was daily increased. The average quantity of nitrate taken daily by each patient was a little more than eight drachms in about four and a half pints of fluid. The only contra-indication to the use of the remedy was the existence of inflammatory affections of the stomach or intestines.

The gentlemen of the French Academy of Medicine have been contending as to the utility of free venesection in puerperal peritonitis. A very proper distinction was drawn by M. Morcan, between puerperal peritonitis and accidental peritonitis; the latter a true inflammation, the former a *morbus totius substantiæ*. M. Bouillaud thought venesection good in intercurrent peritonitis, but bad in epidemic cases, and in cases of puerperal peritonitis, which carried off the patient in twenty-four or forty-eight hours.

As regards opiates, it is now well known that these medicines, in any form, have a most prejudicial influence on the digestive or assimulative organs of the lower as well as on the higher class of animals.

It is also worthy of notice in a practical point of view, that in all diseases preceded by constipation, there is a congested or gorged state of the gall-bladder, and hence the utility of that class of medicines denominated "emulgents."

MEDICAL NEWS.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—Tuesday, January 25th, 1842. Doctor Williams, President.—The meeting on this evening was very fully attended, and there seemed a better spirit to pervade the members in general than usual in participating in the proceedings, and in debating any points of interest referred to by the respective writers of the papers read on this occasion. The first paper was a very elaborate one, by Peter Green, Esq., a tabular view of cases of tubercles of the brain—the reading of which elicited much discussion, in which several members took a part, the majority of whom disputed the views of the writer. Mr. M. Ilwaine said, he thought it was rather premature to discuss this subject as yet, as he understood it was the intention of the writer to favour the society with additional remarks on this very important subject.—The next paper was one of Spontaneous Dislocation and Anchylosis of the first and second Cervical Vertebræ, by E. J. Spry, Surgeon, Cornwall Infirmary. The discussion on this paper occupied the greater part of the evening, in which Mr. Bransby Cooper, Dr. Addison, Mr. Hawkins, and others, took a part; the general impression was, that the writer was not borne out in his views; from the manner in which death took place in the case recorded, the preparation proved that dislocation had taken place at some considerably remote period, and that nature had recourse to the production of anchylosis as if to protect the patient from sudden or fatal results. The immediate cause of death in Mr. Spry's case was considered one of apoplexy, and not as he supposed from the abnormal state of parts as presented in the preparation accompanying the paper communicated to the society. Mr. B. Cooper said, such cases were not at all unfrequent, and they were very well and minutely described by Mr. Lawrence. It is not at all improbable, but that such changes may have commenced at a very early period of life, though not becoming apparent until at a more advanced or later period. Mr. Cooper made further remarks on the pathology of such affec

tions as here discussed.—The next paper was one on Asiatic Cholera, but it did not appear to excite any interest, and therefore was not followed by any remarks from any of the members. The meeting adjourned till Tuesday, February the 8th, 1842.

WESTMINSTER HOSPITAL MEDICAL AND SCIENTIFIC SOCIETY.—On Wednesday, February 2nd, Mr. Williamson read a very original paper on Amputation, and its sequel, with a comparative view between the flap and circular. The meeting was well attended, and the discussion maintained with great animation throughout the evening. A paper was announced to be read on next Wednesday, by Mr. Lane, on the uses of Belladonna.

GLUTEN BREAD.—At the late meeting of the Pharmaceutical Society, some specimens of gluten bread were laid on the table by Mr. Bullock, who explained that this substance was intended as an article of diet for patients labouring under diabetes. In these cases, he said, it was important to confine the patient to azotized food as much as possible, and especially to avoid those substances most easily converted into sugar, such as starsh. The use of animal food alone was subject to inconvenience, and therefore bread prepared in this way had been proposed, and had been used with success in Paris. It was not made of pure gluten, as that was proved to be indigestible, but about one-sixth of the original quantity of starch contained in the flour was retained. He showed two samples of the bread, one made with yeast, and the other with the substitution of carbonate of soda and muriatic acid. This bread was recommended to be used in the form of rusks.—*Pharmaceutical Journal.*

OPERATION AT KING'S COLLEGE HOSPITAL.—Robert Fergusson, Esq., professor of surgery to King's College, removed the upper jaw of a female, on Wednesday, February 2nd, at half-past one. (We hope to be able to give the particulars of this case with the remarks of the professor in our next.)

COLLEGE OF SURGEONS IN LONDON.—The Hunterian Oration will be delivered by Mr. Babington on Monday, the 14th day of February instant, at 5 o'clock. Tickets of admission will be delivered to members upon written or personal application at the College. The doors will be closed precisely at 5 o'clock.

DONATION.—The Queen-Dowager has become an annual subscriber of ten guineas to the Middlesex Hospital.

REFORM.—The Worcester Council of the Provincial Medical and Surgical Association has decided on a deputation to Sir James Graham and Sir Robert Peel. Their business is limited to Poor Law Medical relief.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted members on Friday, Jan. 28th, 1842:—

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No. VII. contains the Laws and Constitution of the Pharmaceutical Society, and the List of Founders.

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COURSE OF CLINICAL LECTURES ON PNEUMONIA.

Delivered in the Hospital of La Charité, by Professor Chomel.

LECTURE IX.—PHYSICAL SIGNS OF ACUTE PNEUMONIA.

Signs furnished by Auscultation.—Generally speaking, in the examination of the chest in pneumonia, I more frequently employ immediate auscultation than the mediate form, or that in which we use the stethoscope; but we must have recourse to this instrument when we wish to recognise with precision the state of those parts of the lung corresponding to regions upon which it is impossible to apply the ear with exactitude; such as the extreme summit of the arm pit, the angle formed by the clavicle and the head of the humerus in emaciated subjects, sometimes even the inter-scapular region in persons with deformed chests; in women, the region occupied by the breasts, and especially the submammary region. The immediate application of the ear, on the other hand, is especially useful in ascertaining a very slight and commencing crepitation, a dry respiratory *bruit*, and a bronchial respiration at its first appearance. In those cases where we might wish to auscultate the posterior region of the thorax in a patient who could not be moved without great difficulty or even danger, we should perhaps derive some advantage from the stethoscope as modified by Dr. Scelle Mondezert. This instrument consists of a cylinder made of gold-beaters' skin, containing a spiral and flexible wire. It may be bent according to pleasure, and whilst one of the extremities is placed beneath the back of the patient, the other may with facility be applied to the ear of the auscultator. I will terminate these short preliminary considerations by earnestly recommending you to auscultate with care *all* the regions of the chest: this examination will often discover to you in regions which are very circumscribed, as for instance, the summit of the arm-pit, or the supra-spinal fossa, an inflammation which had been vainly sought in the other regions of the thorax.

1. *Respiratory murmur.*—On carefully listening to the respiratory *bruit* in healthy persons, we hear two distinct sounds; the one, being stronger, answers to inspiration; the second, weaker, to expiration. These two *bruits* had been noticed by Laënnec; but the illustrious author of mediate auscultation, confining his attention merely to the inspiratory *bruits*, had almost totally neglected those furnished by expiration. M. Jackson was, I believe, the first who studied with care the expiratory *bruit* in a state of disease. MM. Andral, Louis, and Piorry, have also spoken of it, and more recently still, M. Fournet has studied with the most scrupulous attention the characters of this *bruit* in the state of health as well as disease, and has drawn from this examination most valuable indications as to the diagnosis, the prognosis, and also the treatment of acute and chronic diseases of the chest. As his researches are new and may be important in pursuing the study of pneumonia, I will give you the principal points established by him.

The *inspiratory bruit* is a sort of slight blowing sound, clear, soft, and free, intermediate to the sensation of dryness and humidity, successive in duration, and not accompanied by any sensation indicative of the consecutive dilatation of isolated vesicles. Whenever the *bruit* assumes the vesicular character, it should be considered as morbid. The duration and intensity of this bruit should be studied with the greatest care. M. Fournier with this view had recourse to *numerical* comparison. After having ascertained in a great number of individuals that the intensity and duration of inspiration and of expiration vary very little in the sound state, and that they present in the adult a mean which is almost always the same, this author has arrived at the following result; that *inspiration compared with expiration* in intensity and duration may be represented by the figure 10. This figure expresses both the duration and intensity of inspiration, two qualities which, in the sound state, are of equal proportion.

The *expiratory bruit* is equally clear and slight, though more continued than the preceding, and free from any vesicular character. According to M. Fournet, the intensity of expiration is proportioned to its duration, and may be represented by the same figure; but this figure is much lower than that of inspiration; it is merely 2. Above and below these two fixed points, 10 and 2, M. Fournet has constructed a graduated scale lowering itself to 0, and running up to 20, and containing all the intermediate degrees. The respiratory *bruits* are similar on both sides of the chest, and in the various regions of the same side. The circumstances of age, sex, and constitution, considered apart from any morbid alteration, make no change in their peculiar nature; they remain the same in their essential characteristics, and merely vary as to duration, and especially as to intensity. We shall hereafter see what are the data furnished by these respiratory *bruits* in the diagnosis of acute or chronic pneumonia. The complete cessation of the normal expiratory and inspiratory *bruits* is exceedingly rare; it is scarcely ever met with except in cases of considerable hepatization of the lung, or where there is a very abundant effusion of fluid or of air in the pleuræ; the cessation of the sound of inspiration is moreover more frequent than that of expiration.

Exaggerated or puerile respiration.—This form of respiration merits an attentive examination in the study of pneumonia; it is a most valuable sign, both in the diagnosis, as well as the prognosis of this disease, since appearing with its commencement, it generally continues during its whole course. In exaggerated respiration, the respiratory *bruits* are more intense and more prolonged, especially that of expiration. Thus the inspiratory bruit, the normal figure of which is 10, may become raised to 12 and 15, and the expiration in like manner. This bruit also, while preserving its primitive purity, becomes louder, and then it assimilates to bronchial respiration. Exaggerated respiration connected with some lesion of the respiratory apparatus should be distinguished, 1st, from that depending on nervous influence or violent exercise; but in the latter case it is general and transient, while in the former it is local, limited to a greater or less extent, and appears and disappears in a very gradual manner; 2ndly, from that which sometimes arises in individuals who, otherwise healthy, produce in respiration guttural sounds of a strongly-marked character (M. Beau); but, in this case, the puerile respiration is general, and it ceases together with the guttural sounds producing it; 3rdly, intense puerile respiration might be confounded with bronchial respiration; but the former merely exists during inspiration, the latter during inspiration and especially during expiration; 4thly, the clear and slightly metallic bruit of puerile respiration differs from that presented in the first stage of tubercular phthisis, from the latter existing only during expiration; for, says M. Fournet, we may be well assured, when this bruit exists only during expiration, that it does not belong to simple puerile respiration; 5thly, we must not confound the exaggerated bruit with the rasping respiratory sound (M. Hirtz). Having pointed out the principal characters of exaggerated respiration, we shall see what are the data which it furnishes in the study of pneumonia. Whenever a portion of the lung, attacked by inflammation, becomes unfit for respiration, some other portion of the organ performs its duty, and puerile respiration is found proportioned in degree and extent to the gravity of the inflammation in the impermeable part of the lung. Still there are some exceptions to this law; we see, for instance, some nervous individuals of great susceptibility, in whom puerile respiration becomes highly developed over a considerable extent, but not in a direct relation with the extent and degree of the inflammation. In pneumonia, puerile respiration is so much more marked as the parts examined are nearer to the diseased part. Thus, according to the observation of M. Fournet, this respiration is more intense when heard in one half of the lung, the other half being affected, than when it manifests itself throughout the whole of one lung, from the entire mass of the other being in a state of disease; also, if the inflammation attack the posterior part of one side of the chest, the respiration will be more intense on the fore-part of the same side, than on the opposite side which is remaining sound. The diagnostic value of puerile respiration is very great, especially in obscure cases, as when the pneumonia is seated in the centre of the organ; for then not only does it discover to us the existence of some obstacle to respiration in the lung, but it also guides us in discovering the precise seat occupied by this obstacle, since it becomes so much more marked as we approach nearer to the diseased part. M. Fournet relates the cases of three patients whom he observed at the hospital *La Charité*, who were affected with central pneumonia, in whom the expectoration was of a rusty colour, and viscous, almost resembling barley-sugar, and the general symptoms left no doubt as to the existence of pneumonia, although auscultation and percussion yielded none of the ordinary local signs of this disease. There was no pleuritic pain, and it was not known on which side the pneumonia was seated. But all doubt disappeared when a very marked puerile respiration became perceptible on one side of the chest; and, in fact, in two of the patients, the pneumonia progressing from the centre towards the circumference, gave rise to bronchial respiration and the crepitant *râle*, thus confirming the diagnosis formed from the puerile respiration.

Hitherto I have spoken only of the puerile respiration which is heard in the parts bordering on those which are inflamed; but there is another form which, at the period of resolution, becomes developed in the previously inflamed parts. We may easily perceive how important it is to establish this distinction if we wish to avoid confounding the symptoms of convalescence with those belonging to the inflammation itself. Now, M. Fournet has proved, that when the inspiration has for some time been lessened, and that in consequence of the resolution of the disease, its number becomes gradually elevated, it ordinarily exceeds its natural limit, and passes from the state of diminution to that of increased acceleration. M. Fournet has also ascertained that this occurrence takes place only in those cases where the resolution of the hepatized lung, instead of being simultaneous throughout the whole diseased part, was successive, and did not take place in the lower parts until accomplished in the superior ones. When complete resolution has taken place in a part, puerile respira-

tion is heard until the inflammation has disappeared in the adjoining portion: this in its turn becomes the seat of exaggerated respiration, whilst the natural respiratory bruit returns in the preceding points. This phenomenon is not observed when resolution takes place uniformly and simultaneously throughout the whole extent of the hepatized portion. A patient, who was seen by M. Fournet in the hospital of *La Charité*, presented these symptoms in a very marked degree upon the resolution of a pneumonia which had occupied the whole of the posterior part of the left lung. The resolution took place successively in the upper, the middle, and the inferior third of the organ. Puerile respiration was heard at the summit when there was an almost total absence of respiration at the base; the respiration then became perfectly natural at the summit, whilst it was exaggerated in the middle third, and commenced to be again perceptible at the base. The puerile respiration which is developed in the part which has been the seat of inflammation, often remains some time after all trace of the lesion is effaced. This phenomenon, according to M. Fournet, appears to depend on a species of habit which the patient has contracted of respiring more strongly than ordinarily, a custom which can be but gradually discontinued.

3. *Crepitant râle, properly so called, or primitive crepitant râle of pneumonia.*—We shall shortly ascertain the great importance of this râle, which deserves our whole attention. It has been compared to the crackling of salt when gently heated in a pan, to the sound produced on pressing between the fingers the tissue of the lung when healthy and distended with air, or to the noise made by rubbing a lock of dry hair, or of glazed cambric, close to the ear. This râle presents itself on auscultation under the form of rapidly succeeding puffs, or exceedingly fine bubbles, which are dry, uniform, evenly rounded, and pressed one against another; it is formed during inspiration, and, according to the observation of Dance, remains after expectoration. It appears to be seated in the pulmonary vesicles themselves; for on gently pressing the end of the stethoscope upon a lung in the first stage of inflammation, we obtain a crepitation exactly similar to that which is heard during the life of the subject. From the experiments of Dr. Spittal, this *râle* appears to be owing to the presence of a serous liquid in the ultimate bronchial ramifications, rather than on that of the viscous fluid which the patient expectorates at this first stage of the disease. This author having, in fact, placed in bottles equal quantities of some fluid of variable density and tenacity, agitated them, and then applied them to his ear; the bubbles of air, when bursting on the surface of these liquids, produced different sounds, according to the density of the fluid, and the sound most resembling the crepitant *râle* was produced by a serous fluid. The crepitant râle, as we have said, is merely heard during inspiration. This fact arises, according to M. Raciborsky, from the fluid during inspiration becoming forced into the *cul-de-sac* of the vesicles, and as the air is unable to pass beyond this point, the bronchial tubes are thus left free for the act of expiration: this explanation, which seems to me to be satisfactory, would equally account for another character of the crepitant râle, namely, that it continues after expectoration, for this effort doubtless does not extend itself to the liquid contained in the *culs-de-sac* of the vesicles, but merely acts upon that which has already arrived in the surrounding bronchial ramifications. We may also easily conceive that some crepitant bubbles may be heard during expiration, as has been sometimes observed when a small quantity of mucus being seated in the bronchial tubes obstructs the course of the air in its passage from the vesicles. With respect to the order of succession of the crepitant râle and the other phenomena of auscultation, we find that in the commencement the crepitant râle obscures, it is true, the respiratory murmur, but does not entirely mask it; afterwards, when the inflammation has made some progress, the crepitation, becoming more intense and extended, completely masks the natural respiratory *bruit;* slight bronchial respiration, accompanied with resonance of the voice, are soon combined with this crepitation which shortly afterwards disappears, leaving bronchial respiration and broncophony alone audible: still we generally hear, on a level with the hepatized part, some isolated or scattered bubbles of crepitation corresponding to vesicles which are still simply engorged; in all cases around the hepatized portion we hear crepitation with all its characters. The importance of these two last phenomena will especially come under our consideration when treating on the differential diagnosis of pneumonia in its second degree, and of pleuritic effusion.

The crepitant râle which we have been describing, is of the greatest value in the diagnosis of pneumonia in the first stage, and, according to most authors, may be called its pathognomic sign. "By its constancy, its certitude, and early appearance, it constitutes the most valuable character of this disease. It not only characterizes this affection, but also in a great measure marks its extent and particular seat. If we could count the number of bubbles of this crepitant *râle* heard in an inflamed lung, we might learn exactly the number of pulmonary cells which are the seat of this inflammation." (Dance.) Still there are some circumstances which may lessen the value of this sign. 1st. According to some authors the crepitant râle is sometimes heard in other affections than pneumonia; 2ndly, the crepitant râle closely resembles some other sonorous phenomena, and it sometimes becomes difficult to distinguish them one from another; 3rdly, the crepitant râle becomes in some cases very obscure, and in others is completely wanting.

1st. Some authors, I said, have observed the proper crepitant *râle* in other affections than pneumonia, in capillary bronchitis for instance, when the mucus is strongly compressed in the vesicles at the moment of inspiration; but we shall shortly return to this assertion when speaking of the different râles which might be confounded with crepitation. In certain cases of asphyxia by accumulation of mucus within the bronchi, and especially in old people who are unable to expectorate the fluid which chokes up their lungs, M. Piorry speaks of having heard a true crepitation owing to the passage of the air through the ultimate bronchial ramifications terminating in the pulmonary vesicles; this author mentions particularly the case of a woman, eighty-six years of age, who was admitted into the hospital of Salpêtrière, and who presented on the posterior region of the chest the most perfect crepitant râle that he ever heard. There was no dulness on percussion; the heart was small; no blood was abstracted; the crepitant *râle* continued two months until the return of spring, when it terminated after a copious and clear expectoration, evidently mucous, and containing innumerable and very small air-bubbles. This woman had never presented the rusty expectoration or any pain in the side; nutritious food and wine were given to her, from which she derived more benefit than from the employment of antiphlogistic means.

Perfect crepitation may also take place in the following case, which then admits of two interpretations. In some pleuritic effusions, if we displace the liquid by giving the patient some other position, on auscultating that part of the lung which was covered by the effusion, and which, by the displacement of the latter, is left uncovered, we shall hear a very marked crepitant *râle*. This *râle* has been generally attributed to the pneumonia which often accompanies pleurisy; but, according to M. Piorry, the crepitation in this case may be a sign, not of pneumonia, but of a penetration of the air into the cells of the pulmonary parenchyma which had previously been rendered empty by the compression caused by the pleural effusion. The following experiments seem to authorize such an hypothesis: on inflating in the dead subject a lung which was in a very collapsed state, *non*-crepitant and perfectly free from fluid, MM. Piorry and Pailloux, by auscultation, distinctly heard the crepitant *râle*. It was perceptible at the first moment of the inflation. The pure respiratory *bruit* was heard as soon as the dilatation of the organ was carried to a certain point. The lung being perfectly sound, this crepitation could only be attributed to the separation of the parietes of the closed vesicles.

2nd. The crepitant râle of pneumonia so closely resembles some other râles, that it is often difficult to distinguish it from them; thus some authors have confounded, under the name of *crepitation*, the *various vesicular râles*, and have not given to each of them a peculiar diagnostic value; still I think that in the actual state of science, we may admit as distinct from primitive or proper crepitant *râle*—A. The crepitant *râle* of the decline of pneumonia. B. The *sub*-crepitant *râle* of capillary bronchitis. C. The *sub*-crepitant *râle* of pulmonary œdema. D. The *râle* depending on continuous bubbles from active sanguineous congestion of the lungs. E. Certain slight and humid *râles* which arise in some particular lesions. F. Certain *bruits* resembling the sound produced by friction.

ON SYPHILIS.

By DR. WHATHERHEAD.

The Pathology of the Venereal, showing the Morbid Physiology of the Action of the Virus, upon which alone all Rational Principles of Cure are founded.—On the various Methods of Cure that have been pursued at different times, and the Principles of them explained Therapeutically.—Action of Mercury explained.—Of Iodine and its Preparations.—Of Nitric and Muriatic Acids.—Sesquicarbonate of Ammonia.—Opium.—Guaiac.—Sarsaparilla.—Sassafras.—Mezereon.—The Putamen of Walnuts.—Muriate of Barytes, &c.

The manner in which a chancre is produced is either by imbibition or absorption. The former, which is much the more common of the two, takes place by the virus being imbibed by that part of the cuticle to which it is applied. On penetrating this, it then comes in immediate contact with the subjacent vital tissue, the first effect of which is to irritate the minute blood-vessels by its specific stimulus; a fluid is thrown out in consequence, and being in the beginning confined by the cuticle, a small vesicle is formed.

It seldom happens, however, that this vesicle is perceived; for as its epidermic covering is exceedingly fine, and is accompanied with a trifling itching sensation, the vesicle usually is broken either by being slightly scratched, or by the friction of the shirt over it in moving about. A small sore, therefore, formed by the bursting of the vesicle, is the thing first noticed, more frequently than the vesicle itself, and this is called a chancre.

The other mode of infection, or that by absorption, is when any part of the genitals engaged *in coitu* happens to be excoriated; in this case the venereal matter is applied directly to the vital solid, and the specific venereal action is set up in the part at once. In whichever of these two ways the virus comes to be inoculated, that singular and hitherto inexplicable phenomenon, common to several other viruses besides the venereal, takes place—the secretion of a matter possessing all the active properties of the original inoculated virus. The same occurs in small-pox, where every separated pustule, no matter how numerous, is filled with contagious matter; the same takes place in gonorrhœa, in cow-pox, and yet the quantity of virus inoculated is most minute. Typhus fever, again, generates a halitus similar in power and effect to that which produced itself. But to return.

The matter formed by a chancre is not all thrown off outwardly; a portion is conveyed into the circulation, either by the lymphatic vessels or by the extreme veins opening on its surface. In the former case, we often have the lymphatic glands inflamed from the irritating nature of the virus passing through them in its way into the system, forming what are called buboes; in the latter, of course, we have no buboes.

Now, if one thing can be more manifest than another, it must be the propriety of putting a stop to the absorption of the virus into the system as speedily as possible; for the longer this continues, the greater, it is evident, must be the degree of contamination. Nothing, therefore, demands in the beginning more of our attention than the primary sores.

The first apparent effect of the operation of the virus on the constitution that manifests itself is on the skin; the complexion of the whole body be-

comes sallow, and blotches of various kinds show themselves in different parts. The entire capillary system, in fact, loses its tonacity, and an obscure, chronic, inflammatory action is set up on the surface. When this condition of capillary action occurs in a constitution tolerably sound, the consequence frequently is, that, instead of discolourations of the skin in the shape of blotches, there is an abundant crop of pustules, the largest of which burst and form ulcers, while others desiccate and form scabs.

Foul ulcers will sometimes ensue from a different cause, and in a different state of the system. We often have females admitted into the Royal Free Hospital with infections of long standing, their health in the very worst state, and so weak and emaciated that they are scarcely able to stand; and withal their body and limbs covered with large, deep, copper coloured blotches. In such cases it is not uncommon for some of the larger blotches to give way, not from the distension of confined matter, but from the actual want of vitality in the part; and then we have formed large, foul, and phagedenic ulcers.

There is yet another character of venereal blotch remaining to be noticed to make the morbid physiology of the disease in this respect complete. This appears under the aspect of a bright scarlet eruption, and is never met with except in those that are otherwise tolerably healthy, constitutionally considered; but it is most frequently to be seen in patients that are getting well. Now, instead of being alarmed at this appearance under treatment, which some would (for it is to be recollected that the patient's constitution, in none of the above cases, is subjected to mercury), the author always regards it as a healthy sign—as a healthy effort of nature to expel the virus by throwing it on the surface; and one that only requires to be assisted in order to free the system from all syphilitic contamination.

As long ago as 1500, only six or seven years from the first outbreak of the disease in Europe, Simon Pistor believed it to belong to the exanthemata, or rashes. That it possessed a good deal of this character at its commencement is a fact borne out by the testimony of all the early writers. The body was covered with pustules, so much resembling small-pox, which is an exanthematous disease, that on this account, as has been said, the name "pox" was applied to it.

If we review the list of symptoms purely consecutive on the absorption of the virus, excluding those of the *tertium quid* genus produced by mercury, we shall find them all confined to the integument.

The blotches, the pustules, the scabs, the cutaneous ulcerations, are all tegumentary affections: even ulcerations of the fauces belong to the same class, for the mucous epithelium covering them is but an integument—the inverted epidermis. Indeed, it appears to be a law of morbid physiology that sanguineous contamination, engendered by the absorption of an animal poison from without, should for the most part be expelled principally by the skin; while, on the contrary, that conveyed into the circulation through depraved or disordered digestion, should be eliminated chiefly by the kidneys. Nature indicates the *methodus medendi* in both cases; for though the law may admit of some limit and exception, as in hydrophobia and the bite of venomous snakes, it is certain that in general the most effectual means of cure are, in the one case, those medicines which stimulate and sustain the capillary action of the skin; and in the other, those that increase the secretion of urine. However, as the effect of every deterioration of the blood is to diminish the healthy activity of all its emunctories, in neither case are we to confine our attention exclusively to one, but to call to our aid the purifying operation performed by them all—by the skin, kidneys, liver, and bowels.

Having thus premised the views referable, generally, to the morbid physiology and therapia of a contaminated condition of the humours, we are now prepared to more especially apply them as principles of treatment to the cure of the venereal.

The Arabian physicians, who, during the dark ages, had preserved a knowledge of the principles of medicine, as expounded by the most eminent Greek writers, were the guides implicitly followed at the time of the outbreak of the venereal in Europe, more particularly in diseases thought to arise from foulness of the humours. Hence, as has been observed, originated a principle of treatment in the cure of the venereal, deduced from analogy. The early physicians very correctly regarded this disease as one of humoral contamination; and, with not less truth, looked upon the pustular eruption as an effort of the vis medicatrix to free the constitution of the virus. They adopted, therefore, a precept laid down by Rhases, and "assisted nature in expelling the matter to the surface." Petrus Pinctor, indeed, repeats this therapeutic precept almost verbally. Grunbeck is still more complete in his 'ratio medendi:' for in one short sentence, he comprises the whole principle of the treatment, namely, "the rectification of the system," or habit of body; and this he proposes doing in two ways—by due evacuations, and by attention to a proper regimen. By means of the former he evacuates the virus; while, by the latter, a supply of healthy nourishment is furnished to the blood, to replace that which, in the shape of various contaminated humours, is being expelled by the emunctories.

These are Grunbeck's principles of treatment, enunciated two, or at most three, years after the first appearance of the new form of the venereal disease, and no principles in the whole range of the art of healing are more correct or philosophical; they comprehend a double curative action—that of regulating nutritive waste and supply, an action which is only to be kept up for a certain length of time, that is to say, until the entire mass of the blood has been changed; and when this is accomplished, the cure necessarily is perfect.

On the introduction of mercury in the cure of the venereal, the early physicians were divided in opinion as to its mode of operation, and by way of confounding both themselves and their readers by a term, many ascribed it to an *occult* quality—a manner of elucidation pursued by most modern writers, and for the same purpose; only they change the term to one equally incomprehensible, for they now call it a *specific* quality. This ingenious proceeding will call to the reader's mind what one Mr. Lemuel Gulliver tells us concerning the term 'relplum scalcath,' which the Brobdignagian sages, disdaining the old evasion of occult causes, had invented, he says, to solve all difficulties, "to the unspeakable advancement of human knowledge."

Others, on the contrary, believed that mercury cured the disease by acting chemically on the virus, and thus rendering it innocuous; but, though this doctrine was upheld by the learned and sagacious Dunean, it is a mere gratuitous hypothesis, unsupported by fact, and as such can claim no formal refutation.

Antoine le Cocq, commonly quoted as Gallus, in 1540, was the first openly to question the *occult* property of mercury, while Ambrose Paré, in 1575, altogether denied it; Paré attributing its power in curing the disease not to any either occult or specific quality, but to its acting solely as an evacuant—par le moyen de laquelle, nature, aydée et deminatrice, expelle et chasse le venin par les evacuations.

This view of Paré's, as to the manner in which mercury acts in the cure of the venereal, is important, and obtains support from those therapeutic principles upon which can be explained the operation of several other medicines and means that have proved effectual in curing the disease; for, when we come to revise those in succession, we shall find that they all accord in one effect, namely, that of exciting and sustaining an increase of activity in the capillary system of the blood-vessels; and, at the same time, of promoting all the excretions and secretions. The more completely, therefore, any medicine or mode of treatment accomplishes these two objects at the least expense of the patient's strength, by so much do we find them effectual, speedy, and safe in curing the disease.

To determine the truth of the above axiom, we have but to take a therapeutical review of those means and methods which experience has shown to have been thus most successfully employed; and, in so doing, we shall discover a uniformity of operation capable of greatly elucidating both the origin and true nature of the symptoms, and the best and safest means of removing them.

The effect of mercury in exciting capillary activity and absorption is one of its best ascertained powers, and hence it is one of the most energetic means we possess of promoting the discussion of all depositions and effusions. Not less known is its property of increasing all the excretions and secretions. Many of its preparations are directly purgative: others can be so directed as to act on the kidneys; and the same may be said of the effect of mercury in promoting cutaneous exhalation. There is yet another operation of mercury on the system, which if employed with caution and judgment, is at times of great service. The author alludes to its property of causing secretion of albuminous urine; and when it produces this effect, it directly proves a depressor of the *vis vitæ*, and hence antiphlogistic.

Guided by the above views, we can partly infer, *à priori*, when mercury is likely to prove beneficial and when injurious; whether, for instance, its curative power of imparting stimulus to the capillary system may not be, under certain circumstances, more than counteracted by its impoverishing effect on the blood in straining off its albumen by the kidneys? So long as the vital powers are vigorous, the system quickly rallies from the debilitating operation of mercury, especially if it succeeds in removing the disease; but when this is not the result, then it is that its own injurious operation aggravates all the original symptoms, and sometimes gives rise to new ones. In the robust and plethoric, mercury operates beneficially by reducing the inflammatory tone of the system generally, as well as that of the part more especially affected; and this it does, as has been said, by reducing the quality of the blood. It is in this way that we explain its healing influence on certain syphilitic ulcers, but regarded as a means of evacuating the virus by the common sewers of the body, it is at all times a doubtful remedy. For if it fail in this purpose, it would appear from facts that its tendency is to convey along with itself the poison, or its effects, into the most intimate parts of the solids, from whence, in debilitated constitutions in particular, it cannot afterwards be easily eradicated; whereas had this medicine not been used, the virus would have confined itself to the fluids of the system; or, if it did show itself elsewhere, it would have been simply on those parts through which nature was spontaneously endeavouring to evacuate it; that is to say, the tegumentary tissues, in the form of blotches or scabs—symptoms that are far more disgusting than dangerous.

If this plain exposition of the *modus operandi* of mercury be admitted to be the correct one, there is perhaps no need of resorting to "specific action" to explain the phenomena.

Again, if we review the action of iodine and its preparations, we find that, under certain circumstances, they too may be successfully employed for the removal, particularly of some of the secondary symptoms of syphilis. The author has not unfrequently found them perfectly effectual in curing tegumentary venereal symptoms; in healing, for example, ulceration of the fauces, and removing syphilitic lepra when other means had failed.

Iodine acts more powerfully than even mercury on the capillary system, and like it, can also produce salivation; but as an excitant of the secretions and excretions generally it is inferior to it. However, as the consecutive effects of the venereal virus manifest themselves exclusively on the extreme vessels, we can hence perceive why, in their debilitated condition, iodine should act beneficially by stimulating them.

But the objections to this medicine are the following:—

1. Although iodine and its preparations stimulate in particular the extreme or capillary vessels, they do not sustain the general strength.

2. They usually occasion considerable wasting of the body, from the general absorption of the fat from the adipose tissue.

3. Very awkward absorptions sometimes follow their use, as of one or both mammæ, or testicles.

4. They not unfrequently give rise to violent inflammation of one or more coats of the eye.

Nevertheless, under cautious management, and in certain obstinate cases, much advantage may be derived at times from the administration of this powerful remedy.

The *modus agendi* of the nitric and muriatic acids, singly or combined, will bear the same exemplification; for both prove curative principally by their action on the capillary and secreting systems, and both possess the property of affecting the gums, mouth, and throat. It appears from Dr. Scott's account of the effects of the nitro-muriatic bath on his own person, that it permanently quickened the pulse, besides inflaming the gums and impressing a coppery taste on the tongue and mouth, attended with salivation. Its similarity of action to mercury was further evinced by its increasing the secretion of bile, as well as that of other secretary organs, and by its promoting perspiration, often to a great extent. A chlorine bath, or sponging the body with a solution of it, produces the some effects. Indeed, sponging with dilute nitro-muriatic acid, or with chlorine, is nearly one and the same thing, as chlorine results from the admixture of the two acids. Dr. Scott concludes his remarks on the use of acid sponging in the cure of the venereal in these words:—"As a very general rule for its employment, it may be observed, that whenever the mercurial preparations are indicated, the nitro-muriatic acid will be found useful; with this difference, that in cases where mercury is highly injurious from delicacy or peculiarity of constitution, or from other causes, the nitro-muriatic acid may be employed with safety and advantage." The author finds nitric acid, combined with some preparation of bark, often exceedingly beneficial in the secondary syphilitic eruptions that resemble psoriasis. Considering that nitric and muriatic acids are capable of curing the venereal, it may, at first sight, appear strange that this property is not possessed by sulphuric acid also, particularly as it escapes by the skin when taken internally; but though the surface afford it exit, it passes through without exciting the capillaries. The operation, indeed, of this acid on this system of vessels is the reverse; it rather creates a chill on the skin than invigorates the extreme circulation, and it is thus that it proves beneficial in stopping active hæmorrhages.

Sesquicarbonate of ammonia was formerly given in the cure of the venereal, but at present its properties are rarely appealed to; for though ammonia acts beneficially, its effects are too evanescent to be depended on. Still, the mode of operation of this medicine is conformable with that of all the means already noticed; it is a diffusible stimulant, and the term "diffusible" conveys its own description of the *modus operandi*—that of sustaining, though evanescently, capillary activity.

The properties of opium are well known and appreciated in facilitating the cure of syphilis, and it manifests its virtues in this respect most conspicuously, where there is much irritability of system, either naturally or resulting from the medicine conjoined with it in the cure. Nothing more effectually suppresses and counteracts the pernicious effects of mercury, or corroborates its good ones, than opium. Now, opium, among other beneficial qualities, stimulates especially the action of the capillaries; it creates a soothing glow on the whole surface of the body, and increases both the sensible and insensible perspiration. In its principal operation, therefore, it fully corresponds with that of all the preceding remedies. The free employment of opiates in syphilis was first introduced about 1603, by the disciples of the chemical school, and particularly by Du Chesne, physician in ordinary to King Henry the Fourth of France; but Pinctor had employed them above a century before this period, and tells us that many were cured by opiate inunctions, and none suffered a relapse.

The *modes operandi* of guaiac, sarsaparilla, sassafras, mezereon, muriate of barytes, the putamen of the walnut, besides several other woods and plants that have been substituted for them, is precisely similar—they all prove mildly diaphoretic, increase the secretions, sustain the activity of the extreme vessels, and, in curing the venereal, exemplify and verify Mr. Rose's remark, that after having been tried on extensive scales, "*the testimonies in their favour must astonish all who believe a cure without mercury to be impossible.*"—*Dr. Weatherhead's History.*

THE STUDENTS' NOTE-BOOK.—FASCICULUS V.

BY ANATOMICUS.

Anatomy.—the Brain: (continued.)

Fifth pair of nerves resemble the spinal nerves, inasmuch as they consist of a larger or sensitive, and a smaller or motor filament; they apparently arise from the crura cerebelli, (inner edge of), but you can trace its sensitive root into the restiform, and its motor root into the pyramidal bodies; they pass forwards and outwards to the extremity of the petrous portion of the temporal bone, where the larger or sensitive filament forms the casserian ganglion, which is semilunar; the lesser or motor branch does not enter into the formation of this ganglion, but passes under it, and subsequently emerging through the foramen ovale with the inferior maxillary division, is lost on the muscles of mastication: from the casserian ganglion, three branches are sent off, the ophthalmic, superior, and inferior maxillary; the ophthalmic division passes through the outer wall of the carvernous sinus, below the fourth nerve; it then enters the orbit through the sphenoidal fissure, and divides into three branches, frontal, nasal, and lachrymal; the frontal branch passes forwards between the periosteum of the orbit, and levator palpebræ superioris, and divides into two branches, supra-orbital, which emerges through the supra-orbital notch, and supplies the integuments and muscles of the forehead with sensation, and the supra-trochlea, which emerges above the trochlea, from the superior oblique tendon, and supplies the corrugator supercilii and parts at the root of the nose. The lachrymal division passes forwards and outwards to the lachrymal gland, supplying it and the parts adjacent, and sending two or three twigs through the malar bone, which are lost on the integuments on the cheek, while the nasal branch passing between the two origins of the external rectus, mounts over the optic nerve, and proceeds forwards, towards the inner canthus; it first sends off filaments of the communication to the lenticular ganglion, and divides into external and internal nasal branches; the external supplies the parts at the inner canthus, lachrymal sac, and lower eyelid; the internal first passes through the anterior ethmoidal foramen, on the inner wall of the orbit, with the anterior ethmoidal artery from the ophthalmic; it then decends through an oblong slit by the side of the crista galli, ramifies along the septum nasi, and terminates in the nasal lobules.

The superior maxillary, or second divisiont emerges through the foramen rotundum of the sphenoid, it then crosses the spheno-maxillary fossa, where it sends off two filaments of communication to Meckel's ganglion; it then enters the infra orbital canal, in the flow of the orbit gives off posterior and anterior dental branches and an orbital branch through the spheno-maxillary tissues, and then emerges through the infra orbital foramen on the face; it is purely a nerve of sensation, is principally affected in tic dolourenx.

The inferior maxillary, or third division, emerges through the foramen ovale, accompanied by the lesser or motor branch immediately as it emerges; it becomes connected with the otic ganglion on the outer side of the eustachian tube, it then crosses the zygomatic fossa, where it distributes branches to the muscles of mastication, on which the motor nerves are expended; it then gives off an auricular branch, and terminates by dividing into the inferior dental and gustaton, the inferior dental being accompanied by its artery; a branch from the internal maxillary passes through the triangular space between the two pterygoid muscles, it then enters the angular foramen of the lower jaw, passing forwards through the osseus canal, sends filaments to each upper tooth, and emerges through the mental foramen on the face, while the gustatory, after receiving the chorda tympani, as it emerges through the Glasserian fissure, passes also between the two pterygoid muscles; it leaves the chorda tympani in the sub-maxillary gland, and then accompanies Wharton's duct behind the mylohyoid, and terminates in papillæ around the apex and sides of the tongue.

Sixth pair of nerves are also motor; they arise from the anterior part of the corpora pyramidalia, just behind the pons varolii; they cross the pons on either side of the basilar artery, and then enter the cavernous sinus, lying inferior but internal to the other nerves, and accompany the internal carotid artery; they then enter the sphenoidal fissure through the two origins of the external rectus, and supply that muscle with its motor power, and as they traverse the cavernous sinus they were formerly said to give filaments to the carotid plexus, but now they are said to receive filaments from it, because they enlarge at this point, and they subsequently enter the orbit; these filaments are given off to the lenticular ganglion, which is there made to communicate with the other parts of the ganglionic system.

Seventh pair of nerves consists of two filaments, quite distinct in their functions, the one being a nerve of special sense, the other a nerve of respiratory motion. *The portio mollis* arises from the calamus scriptorius, a groove on the under surface of the medulla oblongata, which forms the anterior inferior boundary of the fourth ventricle, while the portia dura arises from the upper part of the respiratory tract of Bell, that is, from the groove between the olivary and restiform bodies; they pass forwards and outwards, the portia dura grooving the portia mollis, and separated from it by the internal auditory artery, a branch from the basilar or posterior cerebral; they enter the meatus auditorius internus; at the bottom of it they separate, the portia mollis pierces the cribriform plate of bone at the bottom of the internal meatus, and divides into two principal sets of branches, one of which is distributed to the lining membrane of the cochlea, the other to the vestibule and semicircular canals, being impressed by the undulations into which the liquor cotunnii or aqua labarynthi is thrown by the vibrations of the air; the portia dura enters the aqueduct of Fallopius, where it meets with the superior division of the Vidian; they pass in contact for some distance, and as they separate the Vidian crosses the tympanum between the handle of the malleus and the long crus of the incus, forming the chorda tympani, while the portia dura, after giving motor branches to the tensor tympani and stapedius muscles, emerges through the stylo-mastoid foramen, it then gives off an auricular branch, a stylo-hyoid, and a digastric branch, and enters the parotid gland to terminate in the pes anserinus on the face, supplying the muscles of expression with their motor influence, while the muscles of mastication are supplied by motor branches of the fifth.

Eighth pair of nerves consists of three divisions the glosso-pharyngeal, pneumo-gastric, and spinal accessory; the first of these, the glosso-

pharyngeal, arises from the upper part of the respiratory tract of Bell, below the portia dura, and above the pneumo-gastric; it emerges with the other two divisions through the foramen lacerum posticum, invested by a distinct fibrous sheath of the dura mater; it then passes downwards and forwards along the lower and inner border of the stylo-pharyngeus muscle, and separates the external from the internal carotid artery; here it gives off numerous filaments to assist in forming the pharyngeal plexus on the back of the middle constrictor, and ascending terminates in papillæ at the base of the tongue, being by some thought to be a nerve of special sense, though others consider it connects the tongue with the respiratory and digestive organs.

The spinal accessory arises from the continuation of the respiratory tract, between the anterior and posterior roots of the cervico-spinal nerve as low down as the fifth pair, it ascends behind the ligamentum dentatum and enters the skull through the foramen magnum, and emerges, with the other two divisions, through the foramen lacerum posticum, receiving a distinct fibrous investment from the dura mater; it then passes downwards and forwards, crossing the internal jugular vein, pierces the sterno-mastoid from within outwards, and terminates in the trapezius, being the superior external respiratory nerve of Bell.

The pneumo-gastric arises by many filaments from the groove between the olivary and restiform bodies, below the glosso-pharyngeal and above the spinal accessory; it emerges through the foramen lacerum posticum with the other two divisions, it then descends in the back part of the carotid sheath, and enters the thorax on the right side, between the subclavian artery and vein, and on the left side it descends parallel to the left subclavian artery, and passes in front of the arch of the aorta; it then curves backwards and gets into the posterior mediastinum, where it attaches itself to the œsophagus, the left descending in front, the right behind it, and passing through the œsophageal opening of the diaphragm into the abdomen, it supplies largely the stomach, the right nerve winding along the lesser, and the left around the greater curvature, and gives filaments to the solar and hepatic plexus, and through the medium of the solar plexus to all the abdominal viscera; it gives off in the neck three principal sets of branches, first, pharyngeal filaments to assist in forming the pharyngeal plexus, with filaments from the glosso-pharyngeal, sympathetic, and recurrent nerves; second, from its ganglioniform enlargement it sends off the superior laryngeal nerve, which passes downwards and forwards between the internal carotid artery and pharynx and divides into two branches, an external, which supplies the external parts of the larynx and the crico-thyroid muscle, and an internal, which pierces the thyro-hyoidean membrane, with the principal laryngeal artery from the superior thyroid, supplying, according to Majendie, all the contractor muscles, according to Hilton the mucous membrane with sensation; third, cardiac branches, which descend with the cardiac branches from the third cervical ganglia of the sympathetic, forming the cardiac plexus around the arch of the aorta; the first branch, after it has entered the thorax, is the recurrent or inferior laryngeal, which winds on the right side under the subclavian artery, on the left side under the arch of the aorta and ligamentum arteriosum, it then ascends in the cellular tissue between the trachea and œsophagus, giving filaments to the pharyngeal plexus, and, according to Majendie, supplies the dilator muscles, though Helton says it supplies all the muscles except the crico-thyroid; it next sends off numerous pulmonic branches to assist in forming the anterior and posterior pulmonic plexuses around the last rings of the trachea, the posterior being the largest, and as it descend upon the œsophagus, the nerves communicate to form the œsophageal plexus, with filaments from the sympathetic; lastly, getting into the abdomen, it supplies largely the stomach, giving filaments to the solar and hepatic plexus.

CASE OF PYROSIS,

WITH ALTERATION IN THE POSITION OF THE STOMACH.

December 29, 1840.—I saw, in consultation with my friend, Dr. Hopkins, Miss S—, æt. 29, a lady highly educated and of remarkably cultivated taste; she had been under the care of Dr. Hopkins occasionally for the last three years, for pyrosis, remarkable chiefly for the very large quantity of fluid ejected from the stomach. To this she had been subject, more or less, and at irregular intervals, during the last six years, at which period the affection insidiously appeared. In general the vomiting yielded to the remedial measures adopted. For some weeks prior to my seeing her, this lady had laboured under almost constant pyrosis, complete loss of appetite, amounting to horror at the sight of food, and rapid emaciation. The latter was partly accounted for by the existence of tubercular disease in both lungs; she had lost two sisters with phthisis during the last two years.

On my visit, she was lying on her right side, emaciated apparently to the utmost; surface dry and very harsh to the touch, eyes lustrous, face pale, except at the upper part of the cheeks and nose, which appeared very red; in fact, she presented, in a remarkable manner, the aspect of a diabetic patient. Her expression and conversation were exceedingly cheerful. She had vomited, by repeated gushes, three pints of colourless fluid during the night; this I found to possess a specific gravity of 1·0209, and to be neutral; its behaviour towards reagents is shown in the last column in the table. Urine rather copious and pale, of very low specific gravity. On examining the abdomen, the aorta was seen beating violently, and the hand so readily grasped the lumbar vertebræ, from the extreme emaciation and empty state of the intestines, as to give rise, at the first moment, to an impression that a tumour had been laid hold of. No tenderness on pressure over the stomach. Tongue red, papillæ prominent, lips vividly red, voice hoarse; she denies all cough or expectoration. She complained of occasional difficulty of breathing, most marked in the attempts made to swallow food; during the last three weeks emaciation has been exceedingly rapid from almost complete starvation, no food of any kind having passed her lips except some jelly made from ivory-shavings, and that in the minutest quantity. The sense of taste has become so morbidly sensible as to prevent her touching any food possessing the slightest flavour; hence she has not been able to take anything except the totally insipid jelly alluded to. Almost constant eructations of a nearly insipid and rather glairy fluid are present. Pulse extremely rapid and threadlike. Whenever an attempt is made to swallow a morsel of solid food, vomiting instantly occurs. The menstruation was regular, but painful, until three months ago, when it ceased. Bowels open scantily about once in five or six days. Before this ailment the patient had been remarkably stout, and enjoyed robust health.

We agreed to try the effect of Oxide of Silver in grain doses, with Ext. Belladonnæ, and to support the powers of life with beef-tea enemata.

Jan. 5, 1841.—I again saw her with Dr. Hopkins; she was much more emaciated than at my former visit, and now complained of excessive dysphagia, independent of the complete detestation of food; her spirits were remarkably buoyant. The beef-tea enemata had at first returned, but after the addition of a little syrup of poppies they were retained for six or eight hours, and then generally returned mixed with a little fæculent matter. No food had been taken, except a small quantity of ivory jelly, with a little soda water and milk. I saw in a basin between five and six pints of colourless glairy neutral fluid, which she had vomited during the preceding night; a small quantity of arterial colouring matter of blood formed a brown deposit in the basin containing it, and floating in the fluid were some large flocculi resembling false membrane, which had been ejected a few hours before, after an almost strangling fit of vomiting. No pain on pressure about the throat, or on any part of the abdomen. The day preceding my visit she had vomited several large black coagula of blood for the first time.

7th.—Rapidly sinking; gushes of fluid nearly disappeared; no return of hæmorrhage; spirits now completely depressed; and in a short time she expired.

Post-mortem examination, 48 *hours after death*.—Dr. Hopkins, Dr. Boisragon, and Mr. J. W. Griffith, were present at the examination.

The weather had been intensely cold, and the body, which presented the most perfect specimen of emaciation I had ever seen, had undergone no change.

Chest: Lungs on each side universally adherent to the chest, and studded with tubercles; several small vomicæ existed in each; larynx healthy, except a small circumscribed ulcer between the arytenoid cartilages; heart healthy.—*Abdomen*: The stomach completely empty, and of enormous size, first presented itself, its position being curiously altered; the lesser curvature, instead of being placed transversely, descended vertically nearly as far as the pubes, where the pyloric end of the stomach turned abruptly upwards to terminate in the duodenum; the greater curvature of the stomach was partly concealed by the spleen, and below this presented a slightly curved margin descending to the lower part of the abdomen. The position of this stomach, which would have held at least 4 or 5 pints of fluid, was such that if food had been swallowed, it must have fallen directly to the pyloric end, unless grasped by the organ in its descent. On opening the stomach a blush of injection about the pylorus was found, but elsewhere the mucous surface was pale, and presented no disease. The liver was gorged, and reached across the abdomen as far as the spleen, on which it rested; the intestines were pale and empty; no other disease was met with in the other abdominal viscera.

On removing the stomach with the œsophagus and pharynx, and slitting them up from the cardiac extremity, the whole tube was found denuded of epithelium to within half an inch of the stomach, where excessive congestion and some spots of ecchymosis were met with. The muscular coat of the œsophagus was very considerably hypertrophied. The whole length of the tube was studded with ulcers varying in size from a split pea to a fourpenny-piece, and penetrating to the muscular coat; some of these ulcers extended into the pharynx; its mucous lining was, however, exceedingly injected. A preparation has been made of the œsophagus, which is placed in the Museum of Guy's Hospital.

In this very interesting case, a question arises as to the necessary connection between the

ulceration of the œsophagus and the pyrosis, and how far the latter depended upon, or was produced by, the position of the stomach. I have met with two other cases of œsophageal disease, attended with pyrosis; in one of these ulceration, and in the other stricture, existed. Shortly after the above case occurred, a patient, who had been the subject of insuperable vomiting, died in Guy's Hospital, and on examining the body the stomach was found very much enlarged, and descending nearly vertically to the ilium. On the other hand, this very state of stomach has been described by M. Louis as "peculiar to phthisis," and out of 96 observations the stomach in nine was twice or thrice its natural volume, and in six its great curve was on a level with the crest of the ilium; and in this state of stomach this distinguished physician has always met with an enlarged liver, overlapping, more or less, the anterior surface of the organ. So that it is extremely difficult to decide whether the enlarged stomach was induced by the phthisical disease, or by the vomiting, or how far the ulceration of the œsophagus was connected with, or depended upon, either. One circumstance of great interest, however, is proved by the case under consideration—that the vomited fluid never assumed the physical appearance, on chemical characters, of that ejected in organic mischief of the pylorus, notwithstanding the existence of ulcerative disease to within a fraction of an inch of the stomach. To this I shall have occasion to advert in the next paper.

I may remark, that the lady whose case has formed the subject of these reflections was guilty for many years of tight-lacing; it might be a curious question to inquire how far the alteration in the position of the stomach was owing to this habit; hence inducing morbid irritability of the organ, and consequent pyrosis.—*Dr. Golding Bird in Medical Gazette.*

TO CORRESPONDENTS.

Books Received—

Hydropathy, or Cold Water Cure. By R. T. Claridge. Maddon and Co.

The Administration of Medical Relief to the Poor under the Poor-Law Amendment Act, and other Legislative provisions, &c. Sherwood, Gilbert, and Piper.

What to teach, and how to teach it. Part I. Wm. Smith.

Yearsley's Contributions to Aural Surgery. No. IV. Nisbet and Co.

"A Reader" *sends us a strong representation against the practice of closing the Library of the College of Surgeons daily at four o'clock. He says, very truly, that the Library of the British Museum is open, at least for a portion of the year, to seven o'clock; while that of the Irish College of Surgeons is open to the same hour all through the year; and dwells with peculiar force on the important fact, that gentlemen in active practice through the day, have, in truth, no time to consult the Library, except about the very hours when it is closed. We earnestly trust that the president and council will take the subject into their consideration. If the Institution be for the members and not the members for the Institution, we must hear of a favourable result.*

G. H. P. *tells us that there is no doubt of the fact, which is indeed apparent on the face of the matter, that the "Times'" review of Dr. M'Leod, was a mere affair of frendship, and that the young Editor, Mr. Delany gave the book to the reviewer with the customary frendly hint, to notice anything of a favourable character. The review is only a part of a continuous practice in the young gentleman to puff anything, and everything that his friend may perpetrate in the Gazette. Of one thing there can be no doubt that the Times' independence forsakes it in its reviews. The proprietors should see to this.*

W.— *The Course spoken of was not announced by the present management.*

Anatomicus *tells us that Dr. Somerville, has been receiving, as Anatomy Inspector for England and Scotland, £800 per Annum, whereas the act allows but £100, and necessary expences of office. We cannot insert our correspondent's extremely personal attack, although we believe his main charge of unfairness in the distribution of the bodies is well founded. Perhaps in writing again, he will use the rule* "fortiter sed suaviter."

A Licentiate *is mistaken. The College of Physicians will apply to Parliament, and this Session, and for much more important changes than many expected. It is to be seen with what success. Sir. James Graham is to be the mouthpiece. Our Correspondent forgot, that without an alteration in the charter, the Fellows', hands were tied.*

Mr. Barrallier, Mr. Johnson, Dr. W. Smith, A well-wisher to the University of Edinburgh, Amicus justitiæ, and other correspondents will be either inserted or noticed next week.

Mr. Jones did right to make the deduction. We have traced the fault home.

THE MEDICAL TIMES.

Saturday, February 12, 1842.

Vitium fuit, nunc mos est.
Laberius.

Out of the circle of politics, there are few subjects which have forced themselves more on general talk, than the one ably adverted to by a correspondent in another column—the enormously increased number of our Coroners' Inquests. Things are certainly much changed since the times—

That when the brains were out, the man would die,
And there an end.

The difficulty now is to die under any circumstances, and have an end. The man must show real ingenuity in "shuffling off this mortal coil," who has no Coroner with his twelve "good men and true," inquiring into all the ins and outs of his going. The law of inquests, as Mr. Wakley tells us, is a national blessing, and Coroners seem resolved to give it to us in all its plenitude. Now, we are of those who adopt the maxim *ne quid nimis*, and though we would not go so far as to say that the short-necked alderman, who, *after* his well-relished dinner, suddenly makes a vacancy for some equally rich and greasy successor, has any good reason to complain that his ill-governed corporation should be made the subject of judicial enquiry, and curious speculation,—especially if the expences be paid by his executors—we have yet strong doubts as to the wisdom of extending such costly benefits to the poor victims whom small-pox, or fever, or phthisis, has hurried, much against their own will, to the dark abodes of Orcus, and in whose decease no mortal creature can be supposed to have had the fractional interest of a farthing. According to our views on the matter, inquests should only be held over those whose exit it may reasonably be suspected was attributable to some fault of their own or others. But if we look through those daily given by the papers, and still more those of which no public report is given at all, it is difficult to lay hold of three cases in which the subjects of two at least of them had not left their bodily premises for good and, in law, sufficient reasons, and who, as to the fact of such leaving, had not given due and sufficient notice. A correspondent who takes some interest in the subject, tells us that a case occurred some time back, of a coroner's inquest being held on an infant fifteen months old, who died after eight days' illness from the small-pox; and in another case in Ratcliff workhouse, where an aged woman who had been very ill, and expected to die every day for three months prior to her death; and that a short time back, Wm. Loader, a fireman, who was injured at the fire in Ratcliff highway, was taken to Guy's Hospital, and died eight days after, and yet that there was an inquest held upon him; and, indeed, our journal would be filled with cases of inquests, if we were to give each that our correspondents have sent, or which our own observations have noticed as absurdly unnecessary and useless.

The gross calculations offered us by statistical documents, of undoubted accuracy, may give us the best, because the shortest and most comprehensive view of the number of recent post-mortem examinations. In the two years, 1838, and 1839, Mr. Farr tells us, we had 35,000 inquests. The violent deaths for the same period, including all suicides, and numerous cases of lock-jaw, erysipelas, hernia, &c., cases, of course, which required no post-mortem *legal* enquiries, give us, for the same period, a gross amount of 23,000. The murders during the same time reached to 156. If the discovery of murder be the main object of coroner's inquests, we have here, then, in every 900—nine hundred minus three utterly unsuccessful or useless! If the investigation of the so-called "violent deaths" be the object, we have in two years more than 12,000 useless or unnecessary!

Since 1839 there has been no increase in the average of murders to the numbers of the population, nor any increase in the average of "violent deaths." Yet we have assurances on all sides, that in the metropolis at least, inquests have since doubled, nay, trebled in their number! If our Coroners do not perform more than their duty in 1842, they must have done much less than their duty in 1838. Whether the public safety has increased in the same ratio as the inquests, is a question which may admit of much, very much doubt. That Coroner's incomes *have*, is a question happily beyond dispute. Mr. Wakley assures us, on his honour, that the latter circumstance never enters into his calculations; and when we hear, as we soon shall of course, that he has declined to deliver in any further accounts for coroner's fees and mileage, we shall feel bound to believe him.

In further illustration of the character of many of the inquests, we cannot avoid mentioning, that from an analysis, furnished us in the very valuable appendix to the last report of the Registrar-General, it appears that out of 424 post-mortem enquiries taken at random from the list of 1838, 58 of the subjects died natural deaths; 7 died from decline or consumption; 6 from diseases of the chest; 10 from rupture of blood-vessels; 8 from convulsions; 8 from fits; and a number of others from asthma, erysipelas, diseases of the stomach, &c.! Who can read a list like this—and present practise offers lists infinitely worse—without mourning over the time and money proved yearly to be wasted in sober earnestness in the ludicrous display of judicial inanities?

But while reprobating such practices in the strongest language which honesty and common sense can apply to them, we are far from wishing to underrate the importance of the institution of coronership, when confined to its legitimate and natural limits. The Law of Inquests is one of the most useful parts, and brightest ornaments of British Jurisprudence. While it is the safeguard of life on the one hand, it is the invaluable protector of character on the other. By the openness of its proceedings, and the nature of its jurisdiction, it affords innocence the best facilities of freeing itself from suspicion, by its almost sure detection of guilt, it makes murder as much a piece of impolicy as of wickedness,—and there can be little doubt that the fears and respects which in this country so pre-eminently wall round life as in a sanctuary, are mainly attributable to this glorious relic of old Saxon usage. But the more we prize the blessing, the more jealously would we guard it against the poisonous admixture of error. In an empire where public opinion has undoubtedly much weight, we would not peril the respect which should be felt for so noble an institution, by presenting it to the people's contempt in the character of a Dogberry Court of Justice, playing the solemn farce of much ado about nothing. We would not incur the hazard of encouraging the disparaging notion, that it is rather a convenient vehicle of magisterial emolument, than an engine of public justice; above all we would endeavour to guard it from a position in which, while contemned for its busy uselessness, it should be abhorred for its excessive expensiveness. The root of the evil is manifest, and it will be well to pay it timely attention. Our Coroners have a bonus for ill doing. The law, while it makes it their interest to hold inquests, leaves them to choose their own circumstances. They are utterly uncontrolled. If needy Coroners persist in their mal-practices, if they continue their conspiracy to make the Law of Inquests a public pest, the first step in the way of coercion will lie with the Sessions' Magistrates. If that prove a failure it will become high time for Parliament to alter the mode of payment. The remedy must soon come—THE MALADY HAS REACHED ITS EXTREME POINT.

Medical men are moreinterested in this question than most imagine. The public are aware of the remuneration which they are entitled to when summoned as witnesses on inquests; and the frequency of such enquiries of late has been attributed to this source. The correspondent of a daily paper, honoured with large type, thus refers to the circumstance:—"Since the new Act of Parliament gave the Medical men the right to charge one guinea each for giving evidence at a Coroner's inquest, and two guineas for opening a body, the number of inquests have in a short time amazingly increased.

"In 1836, the year before this Act passed, we find that in one division of the County of Middlesex, there were only 482 inquests, and in the first year after the Act passed, that is in 1838, there were 777; and in the other division of the County the increase was still greater.

"Again, if we look to the number of inquests held in Middlesex for the last 20 years, prior to the Act giving fees to doctors, we find no increase at all, except in proportion to the increase of the population. And again, if we take the average number of the five years prior to the Act, and the average number of the first five years after it was passed, we find that in this short time, the number increased considerably more than double, and at the present time treble!!

"If a foreigner were to observe the published accounts of the recently extraordinary increase of Coroners' inquests, he would naturally imagine that suicide, sudden death, and murder, had of late become so frequent, that we must be getting more like savages than civilised christians."

Nothing, of course, can be more mischievously false than these charges. It is not surgeons, but Coroners who summon juries, and if we may judge from our personal experience, Coroners were never less anxious for medical testimony than they have shown themselves of late. Medical attendance, indeed, of late has been in the inverse ratio of inquests. The Coroners seem to make it their policy to atone for the enormity of their own sins, by an extreme anxiety to secure innocence in all others. They appear to think that the mercy of Sessional Magistrates is of a finite character, and may not cover more than the amount of their own offences. The charge, we repeat, is false—entirely and utterly false. Medical men have nothing whatever to do with the *increase* of inquests; but the charge itself thus readily made in public, and currently believed, may teach them that they have rather an important interest in their *decrease*.

CORONERS' INQUESTS.

To the Editor of the 'Medical Times.'

SIR,—You being a reformer, I have been surprised you have never examined the abuses of the office of coroner. Mr. Fireworks, M.P., must have had an eye for a considerable period to the office, otherwise we should have had, in his most impartial journal, a full exposition of *all* the abuses belonging to the office, without one particle of falsehood of exaggeration.

In one thinly inhabited district, which includes the greatest part of north Lincolnshire, we have no such thing as three cases per diem, as Mr. Fireworks, M.P., has; not even that number weekly on the average, but our attorney-coroner is so vigilant that he rummages up every case in which he can thrust his nose, so that we have been sometimes surprised at his audacity; but that may be the consequence of our having mistaken notions, as to where his interference is required, and on this latter point we wish for some of your well-informed correspondents to enlighten us. To be as brief as possible:—we are of opinion that where there is the least suspicion of any person coming to his death by unfair measures, there by all means let the coroner hold an inquest; but is it necessary that sailors washed ashore, in a state of fearful decomposition, should have an inquest held over them? yet such inquests have been frequently held by our attorney-coroner. A child, the idol of its parents, whose clothes come in contact with the fire, is burnt to death. Mr. Coroner holds his inquest, and the verdict of his sapient jurymen is, that the said child was "accidentally burnt to death." Now every one knew that, without the aid of coroner and jurymen.

I might cover a deal of paper by giving you cases such as these, where the sole use of Mr. Coroner is the pocketing from the county funds, *dishonest* fees.—I have the honor to be, Sir, your obedient servant,

ROBERT RAMBLEAWAY.

Louth, February 1, 1842.

[There can be no doubt that there is much room for improvement in the holding of inquests. We incur vast expenses in nominal and useless inquiries, and where close investigation is absolutely essential, there we are absurdly parsimonious. The fault is mainly with the coroners, in whom there is vested very large discretionary power.—ED.]

PHARMACEUTICAL NOTICES.

Preparation of Chlorate of Potash. By Professor Graham.—It is well known that the ordinary processes for this important salt are attended with some practical difficulties. When a stream of chlorine gas is passed through a strong solution of carbonate of potash, the absorption of the gas is rapid and complete, till one-half of the alkaline carbonate is decomposed; but the remaining portion, which is in the state of bicarbonate, is not so easily acted upon. To decompose the latter salt completely chlorine must be applied in excess, and the decomposition is attended by the formation of free hypochlorous acid, as has been proved by Mr. Detmer. The liquid is also at the end highly bleaching, and contains much hypochlorite of potash. The boiling necessary to convert the latter into chlorate of potash and chlorate of potassium, occasions, according to M. Morin, a considerable loss of oxygen, and thus lessens the product of chlorate.

When a strong solution of caustic potash is substituted in this process for the carbonate, the absorption of chlorine proceeds without interruption; but the liquid, when saturated, bleaches strongly from hypochlorite formed. A long-continued boiling is required to destroy this property completely, and, as oxygen escapes, the chlorate obtained must be deficient in quantity in a corresponding proportion.

The process which the author recommends

and which is attended with none of these inconveniences, consists in mixing carbonate of potash intimately with an equivalent quantity of dry hydrate of lime, and exposing the mixture to chlorine gas. This mixture, although quite dry, absorbs the gas with prodigious energy, the temperature rises much above 212°, and water is freely evolved. When saturated it may be moderately heated, which destroys a mere trace of hypochlorite it contains. The whole lime is found in the state of carbonate, and the potash as chlorate, and chloride of potassium. The solution of the two latter salts is neutral, without any bleaching property, and free from lime. The chlorate of potash may be crystallized from it in the usual way. Carbonate of potash when moistened and exposed to chlorine, without the hydrate of lime, absorbs the gas with great avidity, and certainly answers better than a strong solution of the same salt; but the absorption becomes slow after the salt is in the state of bicarbonate, and subsequently a large quantity of the bleaching hypochlorite of potash is produced.

In the new process described above, there is no reason to believe that the carbonate of potash is decomposed by the dry hydrate of lime till the chlorine is presented to the mixture; then while, the lime attracts the carbonic acid, the chlorine acts simultaneously upon the potash, and the carbonate of potash is thus readily decomposed. The same principle of calling in a secondary agency to promote combination may be taken advantage of in many other cases. One of these, of some interest, is the promotion of the absorption of sulphuretted hydrogen by hydrate of lime, through the influence of other salts. Thus hydrate of lime, dry or slightly damped, ceases to absorb sulphuretted hydrogen long before it is saturated with that gas; but, if mixed with an equivalent of hydrated sulphate of soda, the absorption takes place with greatly increased avidity, and goes on till two equivalents of sulphuretted hydrogen are taken up for one equivalent of lime. But here, with the assistance of sulphuretted hydrogen, the hydrate of lime decomposes the sulphate of soda, sulphate of lime being formed, while caustic soda combines with the sulphuretted hydrogen.

The author has found that the last mixture may be applied with advantage, from its great absorbing power, in purifying coal-gas, where the highest degree of purification is desirable, and where the products, sulphate of lime and hydrosulphuret of sulphuret of sodium, can be economically applied. He recommends it to be introduced into the last of the dry lime purifiers.—*Transactions of the Chemical Society London.*

Preparation of Sulphocyanide of Potassium. By M. Alphonse Meillet.—The perparation of sulphocyanide of potassium by alcohol is too expensive, and restrains the use of this reagent for the salts of iron. I have therefore sought another means for procuring this salt, and have completely succeeded.

Introduce into a Hessian crucible the mixture of dried prussiate of potash and sulphur, apply heat until they are reduced to a pasty fusion, stir the mass with an iron rod, and remove it immediately from the fire. When the crucible has cooled, pound the salt, and lixiviate it with water, instead of alcohol; filter it, and a liquor will be obtained, charged with sulphocyanide of potassium and a little sulphocyanide of iron. Precipitate the iron by means of carbonate of potash, decant, and if the liquor is alkaline, saturate it with a little acetic acid; evaporate and crystallize at several repetitions of the process; the acetate of potash will remain in the mother-water.

The first recommendation not the mixture but just to the pasty state, is founded on practical observation; in fact, I have remarked that when it is heated, as is generally directed, to a dull red, a great part of the sulphocyanide of potassium is decomposed, and a considerable quantity of carbonate of potash produced. But it is better to have in the liquor a sulphocyanide of iron, which is easily transformed into sulphocyanide of potassium, than potash, which constitutes a real waste.

If the fire has been too strong, which is most frequently the case, on lixiviating the calcined salt with water, there will be obtained a mixture of sulphocyanide of potassium and carbonate of potash. Now, as boiling alkaline solutions decompose the sulphocyanide into sulphuret of potassium, carbon which is deposited, and azote which appears in the form of bubbles, it has been considered necessary to employ alcohol, in order to separate the carbonate of potash which is insoluble in that vehicle. It is on this account that a few drops of acetic acid are used to saturate the free alkali before evaporating the solution. The last mother-waters may be treated with acetate of lead; sulphocyanide of lead will be obtained, from which the sulphocyanic acid can be prepared. —*Journal de Pharmacie.*

New means of obtaining Iodic Acid. By M. Bourson.—Several processes are known for preparing iodic acid, but none of these succeed very well; thus it has been obtained by the action of chlorous acid on iodine, a mixture of nitric and hyponitric acids has also been used, instead of the chlorous acid; and many other processes have been adopted, which are many of them tedious and expensive.

Having occasion to prepare some of this acid, I observed that on treating one part of iodine with four parts of nitric acid, as highly concentrated as possible, that is, the acid which contains only one equivalent of water, the colour of the iodine disappeared very speedily on the application of a gentle heat, and an evaporization took place, as is the case on treating it with a mixture of nitric and hyponitric acids. The acid obtained is in the form of small white crystalline grains; on evaporating these crystals to dryness, with excess of nitric acid, in a porcelain capsule, then exposing the dry product to the air, at a temperature of about 15°(C), the acid will attract moisture, and assume a syrupy consistence; having afterwards placed it in a situation, the temperature of which is a little higher, and the air more dry, there will be formed, in the course of a few days, beautiful white crystals of a rhomboidal form.—*Comtes Rendus, Dec.* 13, 1841.

Syrup of Tolu.—M. Soubeiran, at a recent meeting of the Society of Pharmacy of Paris, presented different samples of Syrup of Tolu, prepared in accordance with the suggestions of M. Deville, which will be found at page 290 of of this Journal.

Having observed that a very small proportion of the acid or oily principles of the balsam are taken up by the water, in preparing the Syrup of Tolu, M. Deville questioned, whether a second quantity of syrup, as good as the first, might not be made from the resinous residue, which has generally been thrown away as useless; and he submitted this point to be determined by some practical Pharmaceutists. In pursuance of this object M. Soubeiran prepared from the same balsam six samples of syrup, which were made in the following manner:—

1st. Syrup of Tolu, made by digesting one kilogramme of balsam in four kilogrammes of water, for twelve hours, in a water-bath.

2nd. Syrup of Tolu, made by digesting the residue of the preceding operation with another four kilogrammes of water.

3rd. Syrup of Tolu, made in the same way from the residue of the preceding.

4th. Syrup of Tolu, made with half a kilogramme of fresh balsam and four kilogrammes of water (half the proportion of balsam used in the former samples).

5th. Syrup of Tolu, made as the last, only prolonging the digestion to twenty-four hours.

6th. Syrup of Tolu, made with half a kilogramme of fresh balsam and half a kilogramme of balsam which had been used once, to four kilogrammes of water, and digested for twelve hours.

It appeared, from the examination of all these syrups, that only a slight difference existed between the syrups, Nos. 1, 2, 4, 5, and 6; but that the syrup No. 3 was weaker than the others; from which M. Soubeiran infers, that the proportion of balsam, ordered by the Codex, for the preparation of Syrup of Tolu, may be reduced to one-half, without affecting the quality of the syrup, but the quantity being thus proportioned, the same balsam cannot be used a second time for the preparation of syrup.

Several Members recommended the process for preparing Syrup of Tolu, which consist in adding the tincture of the balsam to simple syrup; but on comparing a sample prepared in this way, with that made by M. Soubeiran, according to the formula of the Codex, the advantage was pronounced to be decidedly in favour of the latter.

The following is the formula of the French Codex:

R. Balsam of Tolu	-	1 part
Water	-	4 parts
White Sugar	-	8 parts.

Digest the Balsam of Tolu with the water for twelve hours, in a covered water-bath, stirring the ingredients from time to time; filter the liquor, and add the sugar, which dissolve by a gentle heat; finally, filter the syrup through paper.

It will be observed, that the proportion of Balsam of Tolu in the above, is rather more than three times as much as that ordered by the London College, for the similar preparation; we may therefore conclude, that the latter will not admit of any diminution without injuring the quality of the syrup.

On the fermentable property of different kinds of Sugar. By Mons. H. Rose.—There is a remarkable difference between the fermentable property of cane-sugar and grape-sugar, which has not hitherto been sufficiently noticed, no mention being made of it in chemical works. It is, that a solution of grape-sugar requires but a very small quantity of ferment to induce alcoholic fermentation, while solution of cane-sugar requires a large quantity. When a solution is made of the same quantities of cane-sugar and grape-sugar in equal proportions of distilled water, it will be necessary to add at least eight times as much of the same ferment to induce alcoholic fermentation in the solution of cane-sugar as in that of grape-sugar.

Under the action of a larger quantity of ferment, cane-sugar is transformed into grape-sugar, and this latter appears to be the only substance susceptible of being decomposed by ferment into carbonic acid and alcohol.

If a solution of cane-sugar be brought into the state of alcoholic fermentation, and the action be stopped some time before the decomposition of the sugar is completed, by the addition of a large quantity of strong alcohol, it will be found that the remaining portion of the undecomposed sugar has been transformed into grape-sugar.

The fermentable property of cane-sugar depends, then, upon the same causes as that of amidon, several kinds of gum, and sugar of milk. These substances are transformed into

grape-sugar, under the influence of different agents; but of all vegetable matters susceptible of undergoing this transformation, cane-sugar is undoubtedly that in which the change is effected with the greatest ease and promptitude. Indeed, it so readily undergoes the alcoholic fermentation, that it has been classed among fermentable sugars, but it has no more right to this title, than amidon, several kinds of gum, and sugar of milk.—*Journal for Prahtische Chemie.*

Mode of obtaining Sulphite of Copper in fine Crystals. By M. Bourson.—Saturate a concentrated solution of potassa with sulphurous acid, so as to have a bisulphite of the base; throw this salt into a cold solution of sulphate of copper; there will be formed, very slowly, a precipitate of sulphite of copper, which must be separated by a filter. Afterwards slightly heat the liquor; a large quantity of sulphurous acid will be disengaged; and, during the disengagement, fine crystals of sulphite of copper will be formed of a decided red colour.

There is formed, under these circumstances, a soluble bisulphite of copper, which is decomposed by the heat into the insoluble neutral sulphite.—*Phar. Transactions.*

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

CASE I.—DISEASE OF THE CANCELLOUS STRUCTURE OF BONES.

George Hawkins, æt. 19, admitted March 24th, 1841, under Mr. Hawkins.—Appearance of disease on admission; right knee swelled, though not to any great extent, but apparently chronic inflammation of the joint and enlarged secretion of synovia; the inner side of the joint generally the point to which pain is referred; the end of the femur is inclined outwards, causing the internal part of the head of the tibia to project out and appear enlarged; the leg below the disease is wasted; skin over joint very hot, on which the superficial veins are larger and tortuous; passes bad nights; scrofulous appearance; tongue clean, bowels regular, pulse weak.

History.—About eleven or twelve months ago, sprained the knee, while at his usual employment, from which it has never recovered, the limb beginning to swell immediately, and continuing so ever since; he is subject to pain (occasionally severe) in the joint, and sometimes in opposite knee.

C. C., ad ℥vj. genu; loti. saturn, postea. Ordinary diet.

26. Swelling of joint somewhat subsided.

28. Pain (apparently sympathetic) in left knee; in other respects the same.

31. Yesterday was ordered a draught of vini sem. colchici, m. x. decoc. sarzæ, ℥ij., three times a day; but to-day, as he complains of pain in throat with constipation of the bowels, it is to be omitted, and the following substituted.

Infusi rosæ comp. ℥iss.; magnesiæ sulph. ℥j., bis in die.

April 2. Bowels open, tongue clean, pulse regular, &c.; omit haust., and repr. decoc. sarzæ c. vin. colch.

4. General health rather improved; in other respects the same.

5. Complains of pain in right knee on inner side; appl. emp. cantharidis.

7. Much the same; blister caused great pain; pers. medicamenta.

9. Pain being still referred to that part of right knee, another blister was applied; passed a restless night, with constipation of bowels. R. calomel gr. iij. s. s., olei. ricini. cras mane.

14. Another (the third) blister was applied on the 12th, from continuation of pain and swelling in the joint; appetite not so good; pulse weaker; tongue clean.

18. Pain abated; swelling exists. Yesterday wet bandages were applied.

24. Pain continues about the same as at last report; more effusion, and pain is caused by pressing the bones hard against each other; the inner side of the joint still continues subject to the greatest share of pain. Appetite rather improved; tongue clean, bowels regular.

26. Much the same; appl. hirudines viij. genu. alter. auroris, et R. decoc. sarzæ oss. pot. hydriod. gr. xij., extr. sarzæ ℥j. in die.

29. Pain still continues; in other respects the same, except restless nights.

May 3. Knee gradually getting worse; broken rest last night; R. cal. gr. iss. p. opii. gr. one-third. n.

10. The pills were omitted on account of the gums becoming affected, but to-day are to be continued; pulse weak; appetite fallen off.

16. A wet bandage and splint were ordered, but omitted in last report, since the application of which, appears somewhat easier.

20. Considerably improved; appetite returned; bowels regular; tongue clean; pulse good.

27. Has left off the night pill for some time, (two or three days,) and feels better.

June 6. Continues much the same; has had occasional attacks of pain in joint.

13. Appetite still continues good; bowels regular; tongue clean.

14. From this to the 18th the pain became more constant, and swelling increased considerably; a needle (grooved) was passed into the joint; the contents of the joint were found to be synovia. Emp. canthar. genu.

22. Alleviation of symptoms by the blister; perst. medicinæ.

30. A slight return of pain on the 25th, when another blister was applied.

July 8. Pain relieved; appetite improved; bowels regular; effusion around the joint, for which lotio frigid has been applied; matter apparently forming.

12. Considerable quantity of matter escaped from a puncture beneath the inner side of joint. App. cataplas. Bowels open; tongue white; appetite middling.

15. Return of pain and swelling; was ordered yesterday, calomel gr. ij.; pulv. antim. gr. iij.; ext. coloc. comp. gr. v. s. s.; liq. antim. tart. m. xx.; liq. ammon. acet. ℥ss.; mist. camphoræ ℥j, 6tis horis sumend.

17. Has had rigors, accompanied with sickness; omit haust. salin. Discharge from joint free and abundant; tongue foul; bowels regular.

19. Fever considerably better; tongue clean; bowels open; appetite middling.

23. Much the same. R. cal. gr. iij.; pulv. antim. gr. iij.; p. opii. gr. ½ s. s.; haust. sennæ cras mane; fotus et cataplas. genu.

28. Not so well as at last report; pain occasionally in joint; appetite not so good.

30. An opening made on inner side of knee; a quantity of matter (purulent and bloody) escaped. By the house-surgeon's order this morning he had of pulv. antim. gr. iv., calomelanos. gr. iij. s. s.; haust. salinæ 6tis horis, a little fever being present. Beef tea.

August 4. Fever subsided; discharge free; appetite better; tongue clean; bowels open.

6. Much the same. Omit. h. salini. R. infusi columbæ ℥iss., acid muriatic m. iv., acid nitrici, m. iij., tinct. cinchonæ ℥j. bis die. Omit beef tea; half-pint porter daily.

9. Fresh opening made into joint; discharge plentiful and bloody.

15. Ordered ext. coloc. comp. gr. iv. on the 11th, the bowels being confined; are now regular, but sickness exists; broken slumbers; pain in the joint.

20. The pain now occurs at intervals, causing twitching of the limbs.

26. Somewhat relieved by a blister applied on the 22nd, the pain having increased; occasional rigors; bowels open.

September 1. Continues with little alteration for the worse.

7. Openings on each side of the joint were made, and blood and matter escaped.

11. Was easier after the discharge from opening the joint, but pain still exists; appetite gone off considerably; twitching of limb at night.

16. Pain occurs with increased severity; discharge scanty; the joint is much swollen; pulse accelerated; tongue dry; broken slumbers. R. morph. acet. gr. one-third, bis die.

18. Appears more quiet, but pain and distension of the joint still exist; bowels confined; an opening into the external surface of the joint was made, and a considerable quantity of pus escaped. R. calomel gr. iij., p. opii. gr. one-fourth s. s., et hâc. nocte; olei ricini ℥vj. cras mane, p. morph. acet. gr. one-third, bis die.

19. Pain relieved; discharge free and considerable; bowels acted; tongue cleaner.

23. Discharge free; twitching of limb at night; cannot sleep at night.

28. Rather better: rests at night; pulse quick; tongue red; bowels open. Omit. pil. morph., et R. calomel gr. ij., pulv. opii. gr. one-fourth, nocte maneque.

29. The pill last night acted upon the bowels very much; they were discontinued; pulse weak but quick; general disturbance. R. aquæ menth. pip. ℥iss., tinct. opii. m. xx. s. s.

30. Bowels more regular; passed a pretty good night; pulse quiet, and feels better this morning. The limb was amputated about the middle of the thigh; considerable hæmorrhage ensued; many of the branches of the profunda required ligature, as did also the femoral vein. The circular operation was performed, followed by the application of a cold bandage. The limb upon examination presented at the joint thickening of the synovial membrane; the cartilages on the different surfaces of the bones was only perceptible in two or three places, and those on the posterior part of the condyle of the femur, where (except in flexion) the surfaces were not called much into play, by that means preserving their integrity. The cancellous structure was occupied by depositions of cheesy matter, while the limb below the joint was atrophied, scarcely showing a gastrocnemius existed.

Half-past ten, p.m. Feels quite comfortable, and remains pretty quiet; tinct. opii. m. xx. s. s.

October 1. Slept pretty well, and continues free from pain; feels his foot distinctly as though it was still on; pulse quiet, rather quick; tongue clean; bowels costive. Ice has been, and continues to be, applied to the stump.

2. Much the same; tongue clean; bowels have acted once; perst. haust. nocte.

5. The stump was dressed yesterday; some union established; feels more comfortable, and, on the whole, generally better; pulse more quiet; bowels confined.

7. Still going on well; discharge from stump healthy and plentiful; the ligatures from some of the *minor* vessels came away yesterday; his bowels have been acted on freely from an aperient administered yesterday. Haust. opii. to be continued nightly.

10. Still improving; slight retraction of muscles of stump. Yesterday was ordered ℥iss. of white wine three times in the day.

14. Considerably better; has been up occasionally for the last two or three days.

18. Improvement very apparent; has had extra diet for the last two or three days; bowels regular; tongue clean; pulse regular; ordinary diet.

25. Still keeps improving; complained yesterday of some pain in chest, for which he had of calomel gr. iij., ext. coloc. comp. gr. x., ft. pil. ij. sum. i. h. s. Contraction of integument round stump.

29. Some enlargement of the glands in the axilla, in other respects improving; sleeps well now without the night draught; the retraction has increased so much that the end of the bone is apparent.

November 3. Ordered to go home, (into the country,) for change of air.

Remarks.—The origin of the disease appears to have been a simple "sprain," causing inflammation of the synovial membrane, followed by repeated attacks, as no notice was taken of it until he came into the hospital twelve months after the injury. The formation of abscess in the joint was the sequel to this state of affairs, followed by the affection and ulceration of the cartilages covering the bones, thereby exposing the cancellous structure of the bones, in which, as shown by the examination, the disease previously existed, peculiar to scrofulous habits, and apparently independent of the extension of the disease from within outwards. The scrofulous diathesis modifies the synovial inflammation, as it is probable the same injury might have occurred to a non-scrofulous habit, without the same result.

Several hard irregularities were seen about the swelling, caused by the walls of the various abscesses external to the joint.

The enlargement of the glands in the axilla, as well as symptoms of various depositions in other parts of the body, indicate the state of the constitution, but which may, by careful attention, good living, and kind nursing, be eventually overcome.

G. S.

REVIEWS.

Fourth Annual Report of the Suffolk Lunatic Asylum. December, 1841.

This Report, drawn up by Dr. Kirkman, has just been published.—It mainly dwells on the particular circumstances of the Institution, which are in a very satisfactory state, but there are many of the observations which have a general interest. The following extract will prove the folly of that wide extension of the word insanity, which juries are of late so fond of according.

"The patient was tried at Ipswich for felony, and acquitted on the like ground of insanity; but he has now been perfectly well for five years, and it is believed so fully responsible for his acts that he becomes a most unfit inmate of an Asylum. Whether he *would* indulge in irritating or unhallowed passions if abroad, is of course uncertain; he promises he *would not*, but certainly at present his tenure of sanity is sufficient (if he will exercise it) to overcome bad propensities, and prevent his appearance before any human tribunal."

In reference to the interesting question of non-restraint, we have the following sensible remarks:—

"Amongst the many important proceedings which have taken and are still taking place, under the hope that the true character of our hospitals for the insane may be more fully understood, and our patients more uniformly treated; an opportunity is now afforded of placing this somewhat exclusive branch of Medical Science on a more clear and comprehensive footing, by the establishment of an Association of medical officers, attached to all our public institutions throughout the kingdom. It is proposed that annual visits should be made in rotation to each Asylum, and the comparison one with another cannot fail to be attended with multiplied good effects, and the sphere of our usefulness very much enlarged, by being able to draw upon one common fund of practical information, which must extend its benefits to all. In such an association we may look for the calm discussion of those topics which of late have much agitated the public mind, and been productive of the exhibition of too much ill feeling. If the engrossing subject of inquiry now, that of non-restraint, on the bodies of our patients has led (as it must be confessed that it *has*) to too little restraint upon the tongue, the subject still demands the *respect*, and doubtless will receive the recompence of society. It is impossible to say too much in favour of it.

"*We* have carried out this principle here for very many years, it is honestly believed, to its fullest *warrantable* extent; and cases might be selected from our earliest records to prove it. A woman in the house now has been under our care for *twelve* years, who for the fourteen previous ones of her life was never seen, either by her mother or her brother, free from a straight-waistcoat; she has since passed the former-mentioned period in the happiest freedom, never for one hour being restrained, though she is without any remnant of reason to guide her actions."

* * * *

"It must be universally allowed by practical men, that the employment of the mildest possible means are the most effective towards our patients' cure; but when no single abuse of power has ever been discovered, nor one complaint ever been exhibited, the *choice* of means *must be left*, even if that choice involve the conclusion, that a leather round the wrist is a milder means of security than the overawing imposition of keepers and nurses of a certain height. This has been a new recommendation, but one it is hoped that *we* shall never follow; nor indeed is it necessary to increase the *number* (another new plan) any more than to alter the *size* of our attendants. In this and many other matters, no one institution can be a rule for another; much must depend on internal arrangement, and conveniences (or otherwise) of accommodation. One to twenty, *we* have hitherto found fully competent for every necessary purpose; and where work can efficiently be performed by a *few*, there is no advantage surely in committing it to more; and this, not only because it can be transacted with less *confusion* and *disorder* by a few, but because it is more likely to be able properly to *qualify* a few. Great difficulty is always felt in obtaining persons who can fill suitably the post which our attendants occupy; and this difficulty has been put in its proper light by *Dr. Jacobi, of Siegburg*, for whose practically valuable observations we are indebted to the energetic labours of Mr. Samuel Tuke. He says, 'this difficulty will never be surmounted, till the spirit of the age become so far changed, as to induce persons of cultivated minds and benevolent hearts devote to themselves to the employment from religious motives.'"

The annual expenses of each patient have varied with the prices of provisions as follows:—1829, £22 9s. 10d.; 1831, £17 1s. 3d.; in 1833-4-5 and 6, £14 15s. 9d., whence they have gradually arisen to £17 8s. 10d., the rate during the last two years.

MEDICAL MEMS. OF THE WEEK.

By PERISCOPICUS.

Mr. R. A. Stafford gives the iodide of potash in affections of the spine, and says he derives from its administration infinite service. He considers that its exhibition causes the absorption of any deposit on the spinal cord, or its membranes, and so restores it to its healthy functions.

Dr. Copland, in part of his dictionary, not yet published, expresses his opinion that the causes of cachectic nephritis, in connexion with other maladies, are pre-existing impairment of the digestive and assimilating powers, accompanied by such maladies as phthisis, scrofula, scarlet fever, &c., which readily give rise to the renal malady as a secondary or more remote effect. Dr. Bright, Mr. Toynbee, and Mr. Robinson, have been investigating this important subject contemporaneously with Dr. Copland, and the results of their researches are shortly to be made public.

John Hunter first held the opinion, that the matter in ulcers of constitutional syphilis was not venereal. He inferred this from the absorption of such matter never producing a buboe, and from the inoculation of such matter producing no effect.

Mr. Edward Walker has published two cases in which he considers salivation was affected simply by the inhalation of the mercurial fumes giving off by other patients who were undergoing courses of mercurials. There can be no doubt, as Dr. Christison asserts, that "the readiest means of bringing the system under the action of mercury, is by introducing its preparation into the lungs," and this suggests the importance of such facts considered in reference to medical jurisprudence.

Mr. Francis, of Pershore, mentions a case under his care, in which measles appeared twice in one child in three weeks.

Dr. Dieffenbach, in old cases of fracture of the patella, or the olecranon, where the portions are widely separated, frequently (with varied degrees of success) divides the adjacent tendon to allow him to bring them together, and by friction of them one upon the other to excite such an amount of action as may end in the formation of a shorter and firmer bond of union.

Mr. Edwards, of Batheaston, has been recommending the use of "clinkers" in all cachectic disorders, and particularly vaunts its efficacy in chloratic disorders. He adopted it from the practice of some "knowing women," and gives the following as the formation for its preparation:—The bluest and heaviest clinker, being selected from a mass, is reduced to an impalpable powder (a work of no small difficulty, on account of its metalloid nature). Any quantity of this powder may be mixed, with a sufficiency of treacle, to form a stiff paste; and to every eight ounces of the mass half an ounce of magnesia, and the like quantity of ginger must be added. Honey may be used in lieu of treacle, and half a drachm of the peroxide of iron may be added. It must be taken three successive days and nights (twice a day) for three days; omitted for a like period, and so continued until the course which has been decided upon should be finished. The dose is a teaspoonful. Cases of remarkable success are given. The earlier symptoms following its exhibition *seem*, but are not, dangerous, and the permanent result in renovating the health is described as magical. Its use is contra-indicated where an inflammatory diathesis prevails. For the rest it is "tonic, stimulant, anthelmintic, and colorific, adapted generally to a leucophlegmatic habit, and where dyspeptic, chlorotic, and scrofulous complaints exist."

Mons. Blandin asserts, that lymphitis precedes and always predominates over the inflammation of the cuticle, and thus he explains the greater gravity of traumatic erysipelas. In internal erysipelas the morbific principle at first disturbs the whole economy, but is soon thrown outward or exhausted; in external, the lymphatics distribute throughout the system the fluids that have been vitiated by the local phlegmasia, thus perpetually injuring the entire organism.

Ricord confidently recommends the much-doubted mercurial ointment in erysipelas, and applies it thus:—"The whole of the erysipelatous surface, with a small edging of the healthy skin, should be lightly smeared over with *recently prepared* mercurial ointment; once a day is sufficient if the ointment be not rubbed off; but if this occurrence should take place, it will be necessary to repeat the incrustion. As soon as the swelling subsides and the epiderm

wrinkles, although the redness and heat may still persist, the use of the ointment should be discontinued, as this circumstance is the signal of the diminution of the phenomena of exhalation, and of the tendency towards the establishing of the equilibrium between this function and the absorption. If, he adds, the mercurial applications be still persisted in, the absorption soon gets the ascendency, and accidents of mercurial absorption, salivation, diarrhœa, &c., may be determined. These inconveniences may also take place if the healthy skin be covered with the ointment, and without the advantage of preventing the extension of the erysipelas, as we see it act in several cases of syphilitic affections, covering the symptoms once produced but not preventing their development. The erysipelas is to be thus pursued on each new part it may extend to, unless there be no tumefaction, for in this case the ointment should not be applied, or danger of salivation will be again incurred. It is also useless and injurious to apply the ointment on the phlyctænæ. To prevent salivation during the treatment, he recommends the use of an aluminous gargle, and should it notwithstanding supervene, it should be promptly suppressed by the application of hydrochloric acid to the gums."

Dr. Marshall Hall is an advocate for the extendid use of setons. He says, that in a variety of cases of acute or chronic, local or limited *internal* inflammation, but particularly in hepatitis and nephritis, he has tried the seton with uniform success, and that he looks upon it as a specific in most of such cases.

Dr. Chowne has expressed an opinion that the nervous depression which so remarkably characterizes influenza, is an accompaniment of all epidemics.

Professor Stromeyer cures the permanent contraction of the long flexor of the thumb, which may be called the writer's spasm, and of which there are many instances on record, by dividing the flexor muscle. He bends the first phalanx strongly to a right angle, turning out the thumb as much as possible, and then passing a very small curved tenotome underneath the tendon that divides it.

Mr. Bulley, of Reading, recommends strongly the application of treacle and water as a lotion in severe scalds or burns, &c. The treacle, he says, has a specific effect in expediting the cicatrization, however extensive the injury, and prevents the puckering and contraction which so often interfere with the proper actions of joints involved in these accidents.

MEDICAL NEWS.

Poor Law Medical Relief.—That erratic gentleman, Mr. Guthrie, has sent Mr. Hovell, of Clapton, the following illogical, ill-written, but still welcome letter:—"My dear sir,—I am glad to have it in my power to inform you, that I have again conferred with the Poor-Law Commissioners on the subject of the various grievances of which the surgeons employed under the Poor-Law complain, and *they* (?) have been pleased to make such alterations in their regulations about to be issued, as will *re-dress* nearly all of *them*; (*the Surgeons* ?) and I have a confident hope that, in the course of a reasonable time the whole will be removed. From the *various* communications I have had *at different times* with the Poor-Law Commissioners, and particularly with Mr. G. C. Lewis, *I am convinced that the members of the medical profession have firm friends in them*; and I rely as much on their kindly feelings as on the justice of the claims which may be placed before them." (Yet!) "A careful inquiry has satisfied me that the total sum paid by the different Boards of Guardians to all the practitioners in England and Wales in charge of the poor, *is not half what it ought to be*, according to any of the *computations* or *calculations* which have been made, either by *doctors* or Assistant Poor-Law Commissioners on the subject; *and* if the Guardians of the poor will not consent to give a reasonable remuneration to a medical man for his attendance on the poor, the public must not expect them to be *fairly* and *honestly* taken care of.—Most truly yours, G. J. Guthrie, President, 4, Berkeley Street, Feb. 1, 1842."

Candour.—Dr. G. Bird, in answer to a query at the Westminster Medical Society, said, that though he had lectured on influenza, he felt bound to confess he knew very little about it.

Sublime Amplification.—The man who is not possessed of domestic affections—who disregards the social ties of husband and father—*for whom* his home has no attraction, and *in whom* the welfare of his family excites no concern—will prove but a bad subject to the state.—*Peter Green, Esq., M.B.*

Egypt.—A letter has been received by the French Academy of Medicine, announcing that a physician of Cairo, has with the consent of Mehemet Ali opened a dispensary for indigent sick—the first ever founded in Egypt.

Anatomy.—The physicians of Paris have addressed an energetic protest to the Minister of the Interior, against the recent regulation prohibiting post-mortem examination in the case of reclaimed subjects without the consent of the surviving friends.

Medical Officers.—We are happy to announce that brevet promotions on a limited scale are about to take place amongst the medical officers of the naval and military departments.

Charity.—£750 have been been given in two donations, within the last fortnight, to the Royal Free Hospital.

Hypnology.—Mr. Gardner, who acquired some reputation by his pretensions to cause sleep at will, died at his lodgings in Piccadilly, on Thursday the 2nd instant. We are told that a fixed gaze of the eye was the secret of his art.

Medical Law.—Dr. Veitch has been defeated in the Queen's Bench, in an action for professional services. The whole case turned on the fact whether, in this particular case, there was a special contract to pay for his services. The jury answered that there was not. The verdict was therefore for the defendant. The trial will dispel the mischievous delusion of a minor contemporary as to the recognition of a doctor's claim to professional remuneration by our courts of justice.

Medical Association of Paris.—This excellent body has just held its annual meeting, M. Orfila presiding, and we have been favoured with its report. Besides several well-directed efforts to reform many medical abuses, and to secure the profession from what it calls the barbarism and quackery likely to result from the attempt made to restrict freedom of dissection in the schools and hospitals, it has been enabled to extend assistance to several indigent members, and to fund the large sum of 6000 francs for the future exigencies of the Association. Orfila has been re-elected president.

French Nurses.—The Minister of the Interior has commissioned Dr. Donné to inspect all the offices for nurses in Paris, as a step to the establishment of a permanent medical surveillance over the healths of all Parisien hired nurses.

Westminster Hospital Medical and Scientific Society.—Mr. Lane read a very excellent paper on the actions and uses of Belladonna, on Wednesday, the 9th of February; when a very numerous attendance marked the respect in which the reader was held among the members. A paper was announced to be read on the 16th of February, by Mr. Kirkby, on Uterine Hæmorrhage.

King's College.—Dr. Todd will give a Clinical Lecture on Tuesday next, at the Hospital at 3 p.m. Mr. Partridge is expected to give, on Friday, the 18th. Mr. Bradley will read a paper on Chorea, on Thursday, the 17th, at 6 p.m.

CASE OF INFILTRATION OF URINE.

WESTMINSTER HOSPITAL,

Andrew Huon, aged 45, had been for some years subject to stricture, and which became worse within the last six months, and one day, on straining to empty his bladder; he felt that the bladder was partially emptied; for, although no water was discharged from the meatus urinarius, his scrotum and perineum began to swell.

This was an ordinary case of infiltration of the scrotum and adjacent parts, from rupture of the urethra consequent on stricture. The most interesting circumstance respecting it, is the recovery of the patient, although five days had elapsed since the rupture occurred before he was brought to the hospital, and before any scarifications were made in the integuments, so that extensive mortification had already commenced when this measure was first resorted to.

He had wine given him, the perineum supported, and slight aperients, and, in a short time, he was sufficiently recovered to leave.

In regard to sudden death from apoplexy, there is one remark well worthy of notice, namely, the very small amount of extravasated blood that is sufficient to produce fatal results, particularly when it occurs at the medulla oblongata. The cause is obvious. It first causes suspension of respiration and a consequent cessation of the action of the heart and other vital functions. This was particularly remarkable in a case which recently came under the cognizance of the writer, and other surgeons who were present at the time.

EXTRACTS FROM FOREIGN JOURNALS.

FRENCH.

Academy of Sciences.—Functions of the Thyroid Gland.—M. Magneen mentioned the result of the researches which he had undertaken with a view of determining the functions of the thyroid gland. He at first tied the whole of the thyroid vessels, and this operation showed to him the great vascularity of this body, and the facility with which it becomes disturbed by the blood, so as to acquire double or treble its original size. M. Magneen also extirpated this gland several times. The animals in each case survived ten or fifteen days, but presented the symptoms of very violent disease. Having adopted this extirpation in some animals, immediately after having forced them to run, he ascertained that this gland contained less blood under these circumstances than in the normal condition. With respect to the functions of the thyroid gland in the fœtus, he considers this body as destined to exercise a mechanical compression on the carotid trunks, and thus on the other hand increase the energy of the circulation in the vertebral arteries, the result of which would be to cause the development of the organs of contractility at the expense of those of sensibility.

ABSENCE OF THE NASAL DUCT, AND ITS ARTIFICIAL FORMATION.

By M. BERARD.

A MAN, twenty-one years of age, was admitted into the Hospital Necker, for congenital fistula lachrymalis. This fistula discharged a limpid transparent fluid, and caused continual epiphora. On pressing on the angle of the eye in the morning, a muco purulent liquid flowed from the fistulous orifice and from the puncta. The nostril on the same side was habitually dry; stimulating powders, such as snuff, becoming dry without exciting the secretion of the pituitary membrane. A stylet introduced into the fistulous orifice in the direction of the nasal duct would not pass, nor was it possible to penetrate its nasal orifice. No doubt could exist, therefore, of its congenital absence; and M. Berard made an artificial nasal duct, by piercing the os unguis after the manner of Woolhouse.

The inferior border of the internal portion of the tendon of the orbicularis being laid bare by incision, M. Berard directed a trocar downwards, backwards, and inwards, perforating the internal wall of the orbit. The trocar was immediately replaced by a silver canula about half an inch long, enlarged at its two extremities; and on closing the mouth and nostrils of the patient, the air passed through the canula, showing that it was well placed. Three days after the operation the small wound had cicatrized; no bad symptoms followed. In two months, the patient having neglected the directions of the surgeon, returned with epiphora, when M. Berard changed the canula, and in two months the epiphora had completely disappeared, and the patient was quite well in February last.—*Bull. Gen. de Ther.*

VACANCIES, PROMOTIONS, & APPOINTMENTS.

St. Helena Regiment.—Second Class Staff Surgeons; W. Smith to be Surgeon; H. Julian, to be Assistant-Surgeon.

Naval.—Assistant Surgeon W. H. Forster, to the Firebrand, to be Surgeon; Assistant Surgeon R. Steel, to the Carysfort; John Gordon, to the Rapid; T. L. Martin, to the Queen; Drs. W. T. Kerr, R. T. Easton, J. H. Howe, and J. G. Walsh, to the Illustrious; Assistant Surgeon Dr. Mc Kay is promoted to Surgeon. Surgeons C. D. Steele, to the Scyllas; G. Mackay, M.D., to the Ringdove; Assistant Surgeon W. Mailland, to the Rapid.

WAR OFFICE, February 8.—16th Regiment of Light Dragoons, Surgeon John Harcourt, from 44th Foot, to be Surgeon, vice White, promoted on the staff.—Assistant-Surgeon S. Currie, M.D., from the 3rd Foot, to be Assistant-Surgeon vice Ross, promoted in the 44th Foot.

HOSPITAL STAFF.—To be Staff-Surgeons of the second class, Assistant-Surgeon J. Shiels, M.D,, from the 36th Foot.—Assistant-Surgeon D. J. Magrath, M.D., from the 33rd. Foot,—Assistant-Surgeon M. Nugent, from the Staff.—Assistant-Surgeon T. Fox, M.D., from 7th Dragoon Guards.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted members on Friday, February 4, 1842:—

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ADVERTISEMENTS.

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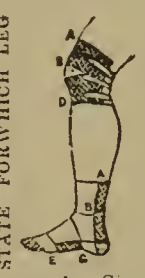

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COURSE OF CLINICAL LECTURES ON DISEASES OF WOMEN.

Delivered in the Hospital of La Charité, by Professor VELPEAU.

HAVING completed M. Velpeau's valuable lectures on vesico-vaginal fistulas, we will, before proceeding to the next part of the course, lay before our readers the following interesting observations of M. Jeanselme, and which he entitles, *A Critical Examination of Cases of Cure of Vesico-Vaginal Fistulas.*

Are vesico-vaginal fistulas, which are seated at the fundus of the bladder, which are of ancient date, and attended by some considerable loss of substance, beyond the resources of art? Can we hope to overcome them by known means? Such is the double question which has long agitated the surgical world, and which still has not received a perfectly satisfactory solution. Various opinions have been established upon theories more or less hazardous; surgical talent has placed all its resources under contribution; but as no theory, even the most ingenious, can at the present day meet with a favourable reception unless supported by facts, I have been induced to publish the following observations—an attentive examination of which will not, I believe, be wholly useless to science, or to the profession at large. Moreover, should the essay have no other result than that of henceforth engaging surgeons in their observations, to take into account certain circumstances hitherto most frequently neglected, I shall not consider my time as thrown away; I shall probably find my views opposed to those of men honoured in science, and whose services towards the healing art I am far from being ignorant of, and I own that it is this idea which has long arrested me, and nothing but a consciousness of duty has decided me on giving publicity to this work. Assuredly if the surgical means employed in the treatment of vesico-vaginal fistulas were merely innocuous, this examination would be without value, and my critique might appear personal; but such is not the case. I shall instance facts which prove that these means are not exempt from danger; we shall even find some cases of death, not to speak of others, which from an unfortunate *amour-propre* are kept concealed from public knowledge. I declare then, once for all, that in the examination to which I am about to submit those cases which have been published, I have no other interest to consult than that of science and humanity. My intention is merely to examine those cases which have been published, and the details of which have been given. This is the only means of removing all personality from the question. Thus, when I shall show that no authentic success has resulted from such operations, I shall not pretend thence to say that the surgeons who speak of having obtained such results, have intentionally proposed to lead their brethren into error: upon this point each person must be guided by his own opinion; and for my part I have too good an opinion of the medical body to think that one of its members can be capable of such an action. But it is not sufficient in a scientific point of view to say that vesico-vaginal fistulas *have been cured*, we must examine the cases with all their details. I shall examine in order each of the operative processes that have been explained in M. Velpeau's lectures; by this means the reader will be better enabled to pass his judgment on each according to their respective value, and the various degrees of danger to which each of them exposes. I shall give the whole details of such cases as appear to possess most practical interest. But as it would be impossible to enter into an explanation of all, I shall merely give a summary of most of them; but this will be sufficient for our purpose. I shall especially fix my attention upon the causes of fistula, upon their date, their position, direction, dimensions, &c.; considered under these different points of view, some cases which have been greatly extolled, would undoubtedly lose a great portion of their value. In fact, every case of perforation of the vesico-vaginal partition is not incurable. Every one knows, and many facts incontestably prove it, that a perforation by a cutting instrument, without loss of substance and of recent formation, may be cured. Dr. Faure has related in the *Annales de Medicine Pratique*, of Montpellier, a successful case of this kind, and many others have occurred. We know also that a fistula placed at the neck of the bladder is not beyond the resources of art; Dupuytren and several other surgeons have often overcome them by means of simple cauterizations. But these cases will not come under our consideration; I shall merely cite a few to show that it is not so easy as is generally thought to obliterate them in a complete manner. But to say that fistulas, resulting from lingering labours *of old standing, having their seat at the fundus of the bladder, and accompanied by some loss of substance*, have been cured by known means, as some surgeons pretend, is an assertion which is not borne out by an examination of recorded facts. This condemnation should perhaps be modified in favour of one exceptional case, in which a successful result was obtained by M. Jobert; but this unfortunately is but an exception to the general rule; for I think I might easily prove that in all the cases of this kind which have been published, either the cure was not maintained, or had been too quickly announced, or else the fistula was seated at the neck of the bladder. But I will not anticipate; the mere point which I contest, is the cure of fistulas *of the fundus of the bladder, with loss of substance and of an ancient date.* It is evident that I need not here occupy myself with the various operative processes considered in themselves; everything in reference to them has been said in M. Velpeau's lectures. I will at once proceed to our subject.

A. *Desault's method.*—Upon reading in the surgical works of Desault (vol. iii. p. 299), "By adopting this process, we are enabled to cure urinary and vaginal fistulas of very long standing, through which one might easily pass the finger into the bladder;" I at once sought for cases tending to prove this assertion, but have been unable to discover them in the works of this surgeon. However interesting the numerous observations of Desault may be in a scientific view, I cannot help considering his silence in this respect as a proof that he himself was never thoroughly convinced of the success of which he speaks. Still Chopart, who entirely partakes of the opinion of Desault, as to the mode of treatment of vesico-vaginal fistulas, without entering into further details, presents two cases, which we will now examine.

CASE 1.—The subject was a lady twenty-two years of age, affected with a vesico-vaginal fistula, resulting from a difficult labour. This fistula was said to be three lines in extent, and situated at the *neck* of the bladder, and also to be of an enlongated form, and having a transverse direction. After using, for a twelvemonth, various kinds of pessaries, and during this time dilating the urethra with bougies, this lady, heart-broken at not finding any amelioration in her state, came to Paris to place herself under the care of Desault. He ordered her to keep her bed, her urethra was dilated with gum-elastic catheters, gradually increased in size, and so fixed as constantly to pass beyond the fistulous opening. It is said that after three months of this treatment, the fistula was *almost* totally closed, that the urine flowed again in its natural course through the urethra, and that merely a *few drops* escaped by the vagina during walking. Chopart terminates this case by saying: "This lady, since her return into the country, has continued the occasional use of the catheter; she has twice become enceinte, and was successfully put to bed; she *appears* perfectly cured of her fistula."

It would be fastidious to dwell any length of time upon this case, or place any confidence upon a successful result, of which the surgeon himself is not certain. For the last words of Chopart sufficiently reveal his doubts. Moreover the fistula was seated at the *neck* of the bladder, and was of but small extent. Now, no one denies the possibility of curing lesions of this kind; it is even probable that cauterization, aided by the use of the catheter, would have completely overcome it; similar cases of success are not very uncommon in practice. We know that Dupuytren has accomplished several of this kind. But why has not Chopart, who speaks to having witnessed remarkable cures performed by his illustrious colleague, left us the details of one such case? Our readers must form their own opinion.

CASE 2.—This case was a woman twenty-seven years of age, affected with vesico-vaginal fistula after a tedious labour requiring the use of the forceps. I shall not enter into the details of this case; suffice it to say, that this fistula was situated at the *fundus* of the bladder; that there was such loss of substance that the finger might be introduced into the bladder through the abnormal opening. The operation completely failed. This woman sometime after left the hospital in the same state as she entered it, that is to say, her urine escaped entirely by the vagina. Chopart speaks also of similar cases which came under his care; the process failed in them also, says this surgeon, because the fistulous opening, being seated beyond the neck of the bladder, was so large that the finger might be passed through it. Desault and Chopart are not the only ones who have perceived the advantages of the catheter in the treatment of urinary fistulas. All surgeons know that the contact of the urine with the edges of the fistula is the principal obstacle to their union, and therefore that the catheter, by more or less completely diverting the urine from the abnormal opening, must be of great assistance. But this is very different from the entirely hypothetical assertion, that by this means alone we may obliterate large and old standing solutions of continuity in the vesico-vaginal partition. Some have spoken, it is true, of certain efforts of nature; we find in the annals of science some cases of spontaneous cure; but, I ask, can we reasonably depend upon such a resource in these circumstances? M. Velpeau mentions in his *Traité des Accouchements*, that Dr. Blundell, in his lectures, instances the case of a large vesico-vaginal fistula which was happily cured. Let us see the value of this case: "A woman having been delivered after great efforts, and with the employment of the lever, I found, on carefully examining her some days after her confinement, that there was at the neck of the bladder a fistula through which two fingers might be easily passed. Having afterwards, upon a judicial investigation, to make a report as to the state of the

parts. I was greatly astonished, some weeks after my first examination, to find, to my great satisfaction, that, by the employment of the catheter, and of a general treatment, the wound was so completely closed, that there was not even a trace of cicatrization." I have given this fact as it was transmitted to me by an English friend. I do not know how far such observations can be taken into consideration; but in this case the abnormal opening existed at the neck of the bladder, and was of recent date when the patient was subjected to the use of the catheter; two circumstances exceedingly favourable, and which must not be forgotten; but still we can but with difficulty imagine that a perforation of this kind, through which two fingers might be passed, could in a few weeks be so completely closed, that no trace of cicatrization should be left. M. Velpeau speaks also of a cure mentioned by Peu *(Pratiq. des Accouch.)*; but on a reference to the case, we shall be convinced that no dependance can be placed on facts so loosely detailed. I shall not dwell any longer on those cases in which the patients have been submitted to Desault's plan. There is not one which proves the radical cure of a fistula seated at the fundus of the bladder; on this point all surgeons are agreed.

B. *Cauterization.*—I do not know of any cases of vesico-vaginal fistulas *cured* by means of cauterization but those which have been recorded in the practice of Dupuytren, and one published by Delpech, in the *Memorial des Hôpitaux du Midi.* Let us examine these cases.

I have read in several works on vesico-vaginal fistulas, that Dupuytren has succeeded in curing by means of cauterization perforations of long standing at the fundus of the bladder. This surgeon has himself announced to the Academy of Medicine several cases which he has successfully treated by this means, both in private practice and at the *Hotel Dieu*; but, I am forced to say, these are allegations without proof, and it is doubtful to what extent they may be admitted into our consideration. We read in the work of MM. Roche and Janson: "We have seen M. Dupuytren succeed, after three applications of the cautery, in curing a complete incontinence of urine, occasioned by a loss of substance disposed in the form of a longitudinal rent, which commenced at the urethra, the inferior wall of which was completely destroyed, and extended to the fundus of the bladder." Most certainly I should not question the probity of M. Sansou in reference to scientific matters; but setting aside the well-known *bonne foi* of this professor, there are duties owing to science. Now, it is evident that a fact of this nature ought to be more detailed in its description. An old pupil of M. Dupuytren speaks to having this case in his note-book; if so, it would be a service to science to publish it entire. Moreover, M. Sanson does not say that the loss of substance embraced the fundus of the bladder; *it extended*, he says, *even to the fundus.* A fact which struck me, and which assists in confirming my doubts as to the success of Dupuytren, is, that in the numerous reports of the clinical practice of this great surgeon, there are but two cases of vesico-vaginal fistulas published, and we shall shortly see what degree of value is to be attached to them. These remarkable cures also were as much doubted then as in the present day; now, the best answer to all these doubts would be to publish these cases with their whole details. But I cannot help saying again in this place, that this silence is to me a proof that Dupuytren has never cured fistulas of the fundus of the bladder, with loss of substance, and of an ancient date. But we will not enter into further details, the facts will speak for themselves.

Case 1.—The subject was a woman about thirty years of age, affected with vesico-vaginal fistula, the result of a long and difficult labour. On her first admission into the *Hotel-Dieu*, she was *completely* cured by three applications of the actual cautery; but one day, on mounting with great speed into a coach, she stretched her legs widely apart; the cicatrix, still tender, which connected the edges of the fistula burst, and the lesion of continuity was reproduced. This woman re-entered the hospital under M. Dupuytren, when she was subjected to the same treatment. The fistula was said to be seated at the *neck* of the bladder, and to have a transverse direction. The actual cautery was applied on the 13th of October, 1829. We will give M. Paillard's relation of the case:—"From this instant the urine ceased to flow by the fistula, the inflammatory swelling which supervened filling up the orifice, and up to the present time the water has not again passed through the abnormal opening. We shall be careful to inform our readers whether any new cauterizations may be necessary, or if this single one has been sufficient to obtain the cure."

An observation of this description most certainly cannot bring conviction to any mind; it does not even satisfy us as to the cure of a fistula at the *neck* of the bladder; for the cauterization was performed on the 13th of October, and the case was published on the 7th of November Now, every one knows, that it would require a longer time to be enabled to proclaim a lasting cure. Moreover, why are so few details given? what can be the value of an observation in which we are merely told cauterization was practised, and from that instant the urine ceased to escape by the fistula? Again, does not the last sentence clearly indicate that the fistula was not cured on the 7th of November? I have vainly sought the further details promised by M. Paillard; and it really seems to me that a fact of a different order should have been chosen to lead to the following remarks. "The actual cautery has succeeded, and does *very frequently* succeed, at the *Hotel Dieu*, in the hands of Dupuytren, in curing very extensive longitudinal vesico-vaginal fistulas of the urethra, the neck and the *fundus* of the bladder, and also transverse fistulas of the same parts, even when large and accompanied by considerable loss of substance." This requires no commentary.

Case 2.—This was a woman twenty-eight years of age, who entered the *Hotel-Dieu* on the 25th of March, 1829, for a vesico-vaginal fistula resulting from a difficult labour. On the 27th of March, Dupuytren, on introducing his finger into the vagina, discovered a slight loss of substance behind the neck of the bladder, and by means of a speculum he distinctly saw at this part a slit the transverse diameter of which was about three lines, and the antero-posterior one and a half. The edges of the fistula were twice touched with the actual cautery, and a catheter was fixed in the bladder. On the 29th of the same month the urine escaped as freely as before.—This first part of the observation was published on the 31st of March.—On the 12th of May, of the same year, this observation was concluded in the following terms:—"The patient in question has undergone since the 28th of March two further applications of the actual cautery; the last only has produced some change in the state of the fistula. A fourth cauterization was performed on the 28th of April. Before the operation, by means of a speculum a black spot was perceived, of two or three lines in length and half a line in breadth, at the point where the fistula was seated. This was thought to be a foreign body, and was attempted to be removed by a piece of lint introduced by means of a forceps, when it was discovered that it was the fistulous opening itself which appeared black from the cavity of the bladder being situated above it. The urine merely escaped by drops, and M. Dupuytren considered her from that time as cured; this prognosis has been confirmed. The patient now passes all her urine by the urethra; not a single drop escapes by the vagina. The cure is complete."

What can we conclude from an observation published with so few details? On the 28th of April, the urine still escaped by drops through the fistula, and twelve days after, the radical cure was announced. This is, it appears to me, making rather too much haste. There is also a source of error, which we shall very frequently have to point out; namely, that when the abnormal opening is small, the swelling produced by the cauterization may obliterate it for a time; but as this swelling afterwards disappears, the parts regain their natural condition, and the escape of the urine again takes place. It is even said that this woman, some months after, entered another hospital for relief; but as the name of the patient is not mentioned, it is impossible to clear up this fact. But, to return to the subject, was this really a fistula of the fundus of the bladder? was the finger alone sufficient to determine accurately the precise seat of the lesion? This point is at least doubtful. Such are the published cases which have occurred in the surgical practice of the *Hotel-Dieu.* I have made inquiries from many pupils of Dupuytren, and all have told me that they have seen fistulas of the urethra, and even of the neck of the bladder, cured by this surgeon, but never fistulas of the fundus of this organ.

From researches which he had made upon the fibrous tissue *(corps inodulaire)* forming the base of cicatrices, Delpech thought that some advantage might be derived from the property possessed by this substance of contracting itself after burns; cauterizations, according to him, might induce the approximation of the edges of the fistula, and consequently its obliteration, by a similar action to what we observe in cicatrices resulting from burns, in contractions of the anus, the vulva, and other natural openings. This constitutes an ingenious theory of Delpech's, which, combined with his characteristic accuracy of details, will prepare us to expect some well circumstantiated case. I should have wished to give it *verbatim*, but this would evidently require too much space. It may be found in the *Mémorial des Hôpitaux du Midi.* I cannot too earnestly direct the attention of my readers to this observation. The patient was a woman affected with fistula at the fundus of the bladder, with so great a loss of substance, as to admit the index-finger without the least effort, which had existed for thirty years, and was radically cured in less than fifty days by two applications of the actual cautery and one of the nitrate of silver. This is certainly an unparalleled instance of success; I should say almost a prodigy! But as prodigies in surgery are rare, this case requires the most minute examination, especially as cauterization has so often failed with fistulas of a much more favourable character. It is unfortunate that a case of this kind should not have occurred in the hospital, where the medical public might have judged for themselves. I perhaps ought not to mention a circumstance which was independent of the will of the surgeon; but this idea suggested itself from the doubts which the surgeons of Montpellier, as well as the pupils themselves of Delpech, have manifested towards this remarkable cure. Moreover, has not Delpech, in his account of this case, been hurried along by his theory of *inodules?* We all know the power of a preconceived idea, and this certainly seems to have biassed the judgment of this professor. All the details of the case are, as it were, built upon this predominant idea. Delpech seems to give this case rather as a proof in support of his theory, than as a cure of vesico-vaginal fistula. I have been informed by a pupil of Delpech, whom I could mention, that in 1829, the Professor of Montpellier regarded vesico-vaginal fistulas at the fundus of the bladder, with loss of substance, and of a somewhat ancient date, as an incurable disease. He has often expressed this opinion in his clinical lectures. But we will not confine ourselves to these general remarks; let us see whether some particular points of the case will not confirm our doubts.

The first cauterization was practised on the 2nd of May, 1830. The four following days, *large quantities of urine* passed through a catheter left in the bladder, *while scarcely any escaped into the vagina.* On the fifth day, the opposite took place; scarcely any urine passed by the catheter; almost all the liquid escaped by the vagina. During the twelve following days, a progressive amelioration was observed. A second cauterization was performed on the seventeenth day; the whole of the urine passed through the catheter for three days; during six days afterwards it escaped by the vagina. It is stated, that the thirty-third day after the first operation, no more urine passed by the vagina, even when the patient coughed or moved in her bed; still the opening was closed only by the mutual application of the lips of the wound; on separating them the urine again passed by the vagina. This is not very clear; for if the lips of the fistula were not adherent, there is but little probability

but that in the effort of coughing the urine would have found a passage through the opening. On the forty-fourth day, the fistula merely gave passage to a probe. A cauterization with the nitrate of silver was adopted, and the cure perfected. These are nearly all the details connected with the escape of the urine by the fistula, all the others relate to the formation of the cicatrix and its contractions; in short, to the theory of *inodular tissue*.

I will not enter into further details; in fact, I think there is ample room for doubt in such a case. But, even if we admit its reality, what practical point is gained? Is there a single surgeon who would venture to hope for success by cauterization alone in fistula of the fundus of the bladder, which has existed thirty years, and is capable of admitting the index-finger? I think not.

ROYAL COLLEGE OF PHYSICIANS.

CROONIAN LECTURES.—NO. I.

As an introduction, Dr. R. B. Todd commenced his lecture by a brief description of the progress of science, and elegantly alluded to the many illustrious names enrolled on the lists of the College, and whose portraits adorned the place of their assemblage. He took a rapid view of them in succession, mentioning *Grew* as the true discoverer of Peyer's Glands; *Havers*, to whom minute anatomy is still more indebted, and whose researches have been since confirmed by Monro, Hewson, &c.; and finally passed an elegant eulogium on Dr. Croon, after whom the present lectures were named.

Though in the eighteenth century physicians were not so distinguished, and the number of scientific investigators was smaller in extent, and less illuminated by genius, still Medicine was not without her votaries. No one in any age, and certainly none in the present, had done more for anatomy than Hunter; and, indeed, that branch of science might be said to have sprung from him; nor could any one look upon the progress then made without surprise, especially if it were considered how little the government was then disposed to encourage or reward such exertions. There was no doubt that Hunter would have done vastly more had he lived under the more favourable auspices of the present day. Anatomy, however, he regretted to say, had not since progressed in the same proportion, though the difficulties under which it did labour had been in a great measure removed. The French method of studying anatomy, though it had offered an easier access to the acquirement of a certain kind of knowledge, had rather been prejudicial than otherwise, for it had a tendency to divert the mind from the more abstruse study of pathology, upon which men must chiefly rely for success in combating disease.

The perfection which had been attained in microscopic examinations, had thrown light upon many subjects that had long been misunderstood; and if diseased parts were carefully examined (when the normal structure was well known)—if analytical chemistry were called in to our aid, and careful records of morbid symptoms made and kept,—it might soon be expected that we should attain a far more correct knowledge of the nature and treatment of disease than any we could then boast of.

The course would be arranged as follows:—

1. The general arrangement of the intestines in the vertebrate classes of animals.

2. The anatomy of the coats of the intestinal canal, (cursorily treated).

3. The anatomy of mucous membranes generally.

4. The anatomy of that of the intestinal canal of man.

1st. The general arrangement of the intestines in the vertebrate classes of animals.

The alimentary canal in almost all these classes, consists of two portions—the small and large intestines.

The former performs principally *absorption*, the extraction of the nutritive material from the food; while the chief function of the latter is *defecation*. In the examination of these parts, convenient but arbitrary distinctions should be thrown aside, and men should rely upon physiological differences, and varieties in the minute anatomy of the parts, for scientific division and arrangement.

It might be shown that each part had its distinct function, its peculiar arrangement of mucous membrane and glands.

A. In FISHES we met with the simplest form of alimentary canal. It consisted of a simple tube, very slightly convolute, and uniform in size except at its lower portion. It had, however, a very peculiar characteristic in pyloric appendages, viz., follicular glands eluminating a secretion probably analogous to the salivary. They varied from two to thirty in number, but in a few were absent.

B. REPTILES, he said, had the division of small and large intestines more marked. The small became a little convoluted, and the folds internally more distinct, so as to form an analogue to the ileo-cœcal valve in the mammiferous classes. The intestine was at one portion dilated, but was throughout cylindrical. This was the arrangement in the *Batrachians*. In the *Chelonian* reptiles the coats were remarkably thick, and more particularly the muscular, and this to such an extent as almost to obliterate the cavity when in action. In these, too, the canal was longest, although the length was nearly as remarkable in the *Saurians*.

C. BIRDS.—Here the alimentary tube was increased in developement, and became more complex in its arrangement. The duodenum had distinct folds, and the whole of the small intestines became convoluted. The large bowel had two cœca, (resembling in appearance the pyloric cœca of fishes,) which terminated in a "*cul-de-sac*." They were very various in length. In the Grouse it was said they measured three feet.

D. In MAMMIFERÆ, the division into two portions was again distinctly seen, but a great difference was discoverable in the arrangement of the alimentary canal in some animals of this class, between the herbivorous and carnivorous animals. The digestive apparatus in the former had great length and complication, while in the latter it assumed a very simple and a much shorter form; and, indeed, it was always found that the more difficult of assimilation was the food upon which the animal was destined to feed, the longer and more complex became the digestive canal. Ex. (horse, deer, &c.), and vice versâ. In herbivorous animals, the large size of the cœcum was a very striking and singular peculiarity, as well as its immense length; while, in the carnivorous, it was very small. The lion offered an example.

NEW DISCOVERY.—Peter Green, Esq., M. B., wrote an elaborate article for the Medico-Chirurgical Society, announcing that he had discovered a new disease—tubercle of the brain in children. The president and Dr. Addison told him, that apart from the discovery of a sad ignorance on the subject, he had discovered but a mare's nest. The Harvey of the age has since written to Dr. Addison for further information on the matter, and says, that he never wished to present anything to the Society not marked by novelty and originality. The doctor's reply, we understand, is characteristic—he recommends the discoverer to work out his wish by presenting nothing but himself.

EXTRACTS FROM FOREIGN JOURNALS.

FRENCH ACADEMY OF SCIENCES.

Medical and Surgical Prizes.—Report of the Academy.—There were but two works this year to share the Montyon bequest to the section of Medicine and Surgery. To contest this prize it is necessary to have made some valuable discovery either in medicine or surgery, or one capable of lessening the unhealthiness attached to certain professions and mechanical arts.

First Article.—Treatise on Diseases arising from Lead. By M. Tanquerel des Planches.—From the various physical and chemical properties with which it is endowed, as well as the great abundance of its supply, lead has always been one of the metals most employed in the arts. The terrible effects of the emanations from this metal on the living economy have also been felt from the earliest times of its employment; but in proportion as mankind have increased, and industry extended, so have the dangers from the preparations of lead increased, the attention of physicians has been more strongly fixed, and new discoveries have taken place. Numerous researches made both by ancient and modern writers have been published on this subject, and M. Tanquerel's book may be cited with distinction. The author is not content, as most of his predecessors have been, with studying simply painters' colic, but he has extended his learned researches to the subjects of paralysis, arthralgia, and diseases of the brain, arising from the employment of lead. The symptoms and treatment of each of these diseases have been carefully detailed, and prophylactic views have been given, containing a depth of research which is sought for in vain amongst the best writers on the subject. Thus, for instance, we have previously been taught to consider paralysis, whether of the organs of motion or of sensation, the nervous diseases of the brain, and neuralgic pains of the limbs, but consequences or terminations of painters' colic. M. Tanquerel has indisputably shown, that each of these diseases is sometimes manifested at the first onset, that is to say, without any previous colic. MM. Stockhausen and Desbois de Rochefort have also expressed themselves in the same manner; but it is due to M. Tanquerel to say, that he has thrown the greatest light on this class of diseases, deducing most positive and clear views as to the intimate nature, as well as the treatment of these affections: thus, for instance, he states that paralysis from lead, having a peculiar origin and well marked characters, constitutes a disease different from paralysis from cerebral congestion, from some organic lesion of the spinal marrow, or from rheumatic paralysis, &c., and requires a totally different treatment. The paralysis from lead yields, with a few modifications, to the same means as the painters' colic. Thus rendering a striking confirmation to that axiom of general pathology—namely, that one and the same disease may exist under the influence of various causes, and require different modes of treatment.

The experience of all ages has taught, that the best mode of treating this disease consists in the employment of strong purgatives. M. Tanquerel also confirms this view. He asserts that the use of croton oil, given several times in the dose of one drop in two spoonfuls of some sweetened liquid, constitutes the most certain and applicable treatment. Again, a great number of different means, blood-letting, antiphlogistics, antispasmodics, revulsives, opiates, strychnine, sulphuric acid, and other remedies, are frequently followed by remarkable success. This disease, also, in some cases, even when developed in

very high degree, and abandoned to its own course, becomes cured by the efforts of nature alone. But this may be easily explained. Being immediately removed from the poisonous emanations of the lead, from their sphere of activity, and the circumstances favouring their absorption, individuals threatened, or even attacked with this disease, may soon be restored to health; this is universally acknowledged, and is known to the workmen themselves. This class of diseases evidently belongs to those which arise by a sort of infection or imbibition; in fact all the elements of the question are in this case perfectly clear and satisfactory. The nature of the miasm, the mode of emission, the sphere ofactivity, the phenomena of absorption, are all nearly definitively known. The only debateable point is as to the mode of absorption. Stockhausen has endeavoured to demonstrate that there are but two ways for the absorption of the molecules of the lead; namely, the respiratory and the digestive passages; he denies the possibility of their absorption through the cutaneous pores. M. Tanquerel energetically sustains the same doctrine. But the facts already known as to the activity and powers of inhalation of the cutaneous system, naturally raise some doubts as to this point.

M. Devergie had previously ascertained the existence of lead and of copper in the intestinal tube of persons who had died of diseases of a totally different character. M. Tanquerel has, also, by numerous examinations, discovered the presence of lead in organs which apparently had been the seat of painters' colic, and he states that after death caused by this disease, the quantity of lead found was much greater than that which existed in individuals who had been carried off by other diseases. With respect to the anatomical characters, or organic lesions caused by this class of diseases, M. Tanquerel has arrived at the following remarkable conclusion, that the anatomical alterations which give birth to the pathological phenomena of colic from lead, are inappreciable to our senses; and that the material alterations of a very variable character which are met with after death, are merely the effects, and do not at all constitute the causes, of these diseases.

In these, as in most spontaneous diseases, there is a mixed or intermediate period of no fixed duration, one in which there is not a perfect state of health, and yet no state of declared disease. In this stage, the whole economy is in a wavering condition. No organ is specially attacked, but the whole system is affected. We may easily conceive that at this period, we may, by appropriate means, arrest the development of the disease. It is to this stage that M. Tanquerel has, with reason, given the name of general primitive *intoxication*—a distinction most undoubtedly his own, and which stamps a character of originality and practical utility upon his work. Still this period of *saturnine intoxication* has been referred to by Stockhausen, Desbois de Rochefort, and Wilson in England. The latter speaks of the first stage of painters' colic, in which the patients complain of feeling generally ill, of a sensation of weakness and numbness in the legs. They have a sweetish and disagreeable taste in the mouth, with loss of appetite, and yet they pursue their ordinary occupations. Stoll also speaks to a similar effect. It has been left, however, for M. Tanquerel to clearly define this period of *imminence* or of *intoxication* in this class of diseases. It is from this grand distinction that this author has been led to indicate various kinds of means, both physical and hygienic, for preventing the dangers attached to the numerous processes in which the preparations of lead are employed, and, moreover, to vary these means according to the diversity of labour, or the degree of danger connected with it.

A prize of 6000 francs was awarded to the author.

Article the Second.—Researches on the Spontaneous introduction of Air into the Veins. By M. Amussat.—In the number of accidents which may arise during surgical operations, such as syncope, hæmorrhage, tetanus, and others, there is one still but little known and appreciated, less frequent, it is true, but much more formidable than the rest, which plunges the surgeon into stupefaction and despair, from its instantaneously causing the death of the patient; this is the spontaneous introduction of air into the veins. It has long since been clearly demonstrated by various pathological facts, that air fortuitously accumulated upon various points of the circulatory system is capable of causing most grave diseases. Morgagni relates a number of observations in which repletion of the cerebral vessels, from the spontaneous collection of air, had been followed by sudden death. Thus the abnormal accumulation of air in the circulatory system, as suspected by Hippocrates, Hollier, &c., appears to have been confirmed by Morgagni and other pathologists. With a view of verifying these pathological facts, some physiologists, as Bichat, &c., have injected air into the veins of different kinds of animals. In these experiments, the disturbance created was always proportioned to the quantity of air introduced, and to the size and strength of the animal. These experiments have been repeated and varied in every way. Some have endeavoured to ascertain what quantity of air was necessary to cause the death of animals of certain species, size, and strength. Others have tried to discover upon what veins the experiment was most quickly or most slowly fatal. M. Magendie had ascertained by similar experiments that the air becomes more easily and quickly introduced on placing a flexible tube in the interior of the vein.

About forty fatal cases had been already collected, which seemed owing to this cause, all occurring during grave operations near the summit of the chest, and performed by men whose name, genius, learning, and honourable character, were universally acknowledged, as Dupuytren, Roux, Delpech, and others. The question was in this state when M. Amussat, by numerous and varied experiments, repeated under different conditions, has placed beyond doubt the reality of the spontaneous introduction of air into wounded veins, and has demonstrated it by pathological observations on men and animals, as well on the living as on the dead body. M. Amussat has then proved that this accident, more grave by far than tetanus and hæmorrhage, does not extend itself to all points of the venous system. He has fixed the limits in which it is circumscribed, which he names the perilous region, and has shown that it is confined to the neighbourhood of the chest, and more especially that portion of the large veins where the flux and reflux of the blood, constituting the venous pulse, may be clearly perceived; that is to say, upon the neck, the upper part of the chest, the axilla, and the shoulder. Still the danger of this catastrophe may be extended much further from this region, from pathological or anatomical conditions giving a larger calibre to the veins. M. Berard remarks, that to ensure the facility of the reflux of the blood towards the heart during the contraction of the right auricle, nature has lodged the veins in aponeurotic sheaths, to which they are adherent, and which hold the parietes constantly separated, thus unfortunately favouring the fatal introduction of the air, on their being opened.

This spontaneous introduction of the air into the veins is instantaneously revealed by characteristic phenomena, which M. Amussat has rendered better known, and thus in a measure enabled the surgeon to remedy the accident on its first appearance. M. Amussat has also proved that this introduction of the air into a wounded vein in the upper region of the chest, takes place solely during inspiration; that this accident becomes more alarming, if the patient draw deep inspirations, and also if weakened beforehand from pain or severe hæmorrhage; that the vertical position of the patient greatly favours the production of this phenomenon, and that the sudden death results from the distension of the right cavities of the heart, or, in other terms, that it is the consequence of the interruption of the circulation.

A prize of 4,000 francs was then awarded to M. Amussat.—*Gazette Medicale.*

At the sitting of the 3rd of January, M. Dumas was elected vice-president for the year 1842.

Amputation at the Hip-Joint.—M. Larrey made a report upon a memoir by M. Sédillot on this subject. The principal object of this paper is to call attention to a case of disarticulation successfully performed by M. Sédillot upon a soldier, the first successful case performed at Paris. According to this surgeon, the disarticulation of the femur should not be performed immediately, but only after the first stages of the inflammation have gone by and suppuration is established. To justify this precept, M. Sédillot instances the danger resulting from the flowing back of a large quantity of blood in the principal viscera, when this accumulation is sudden, and the constitution has not been prepared by a gradual diminution of power. But, according to M. Larrey, these dangers, which have been much exaggerated, may be prevented by abstractions of blood, as general blood-letting and cupping on the epigastric region. M. Sédillot also dreads the shock occasioned to the nervous system, by amputation immediately after an injury; but this disturbance, which undoubtedly is much greater after traumatic lesions than in spontaneous diseases, lasts but a very short time. Finally, as to the spasm arising from the section of the large nervous trunks, this apprehension of M. Sédillot does not appear a sufficient reason for proscribing primitive amputation, for it is of little comparative consequence whether the patient undergo this operation sooner or later; in either case will not the effects be the same? Finally, amputation of the thigh may be performed in acute as well as in chronic diseases, and if the operation more frequently succeeds in the latter, it is owing to the affection being much less grave in its nature. In all cases we shall, according to M. Sédillot, have greater chances of success, by previously applying a ligature on the femoral artery as it emerges from the groin.

Treatment of Dropsies.—M. Baudens has discovered a new means of curing effusions in the serous cavities. It consists in artificially forming a fistulous opening so as to ensure the permanent escape of the fluid. He has tried this proceeding in fifty cases of hydrocele of the *tunica vaginalis*, and failed but once; and in this case the cure was afterwards obtained by returning to the same treatment which had at first failed. He met with equal success in two cases of ascites. The instrument which he uses in this latter case is a kind of crescent-shaped trocar; it is to be introduced in the neighbourhood of the umbilicus, and part of the liquid allowed to escape; after which, the canula which is left in the wound is to be closed. The next day, a further quantity of fluid is to be drawn off. This soon appears between the canula and the edges of the wound, and its constant discharge then takes place. This mode of treatment would, of course, be con-

tra-indicated where the dropsy depended on some organic lesion.

ACADEMY OF MEDICINE.—*Propriety of Lithotrity in Children.*—M. Ségalas called the attention of the Academy to this important question. All authors, said he, are not agreed as to the suitableness of treating children by the lithotritic or by the cutting instruments. Among the authorities who have most recently declared in favour of the latter, he cited MM. Viricel (of Lyons), Payan (of Aix), Vidal (de Cassis), &c. M. Ségalas then stated, that he has hitherto been uniformly successful in the application of lithotrity at all ages of life; and in support of his remarks he brought forward an infant on whom he had practised this operation at the age of 23 months; the calculus was large, measuring 14 lines between the branches of the instrument, and it is probable that even then it was not seized in its greatest diameter. There had been no perceptible accident during or after the operations. The infant is now 26 months old, and presents all the appearances of the most perfect health.

Adulteration of Milk with Cerebral Matter.—M. Henry read a report on the above question to the Academy. It was necessary, said he, to reassure the public who had been alarmed by the announcement of this new adulteration of the milk. The chemical process indicated by M. Gauthier de Clanbry, (to whom we are indebted for the first investigation into this subject,) for the purpose of discovering the mixture of cerebral matter, has been repeated by the commission, who have acknowledged its accuracy. Still, as its employment is tedious, they have tried to discover some means equally sure and more expeditious. Now, it is certain that the microscope, especially with a magnifying power of two or three hundred times the natural size, would show to an attentive observer the *débris* of the membranes and vessels, the appearance of which would leave no doubt as to the reality and nature of the adulteration. A second mode of obtaining the same result is by calcining some butter made from the suspected milk. By this means we should obtain phosphoric acid, denoting the presence of cerebral substance.

Effects of Cold Drinks upon a Body in a state of Perspiration.—M. Londe read a report upon a paper by M. Guérard on the above subject. Immediate death, said M. Londe, has sometimes been the consequence of cold drinks taken under this condition. But to explain this phenomenon, it is not necessary to admit, as M. Boiseuille seems to think, that asphyxia had been produced. M. Guérard refers it to some effect on the nervous system, and this view seems satisfactory. M. Guérard, analyzing the causes which augment the dangerous influence of cold drinks, enumerates—1st, the heat to which the body had been previously submitted; 2nd, the empty state of the stomach at the moment when the drink is swallowed; 3rd, the quantity of the drink taken; 4th, the low temperature of this liquid. It is not without reason, adds M. Londe, that M. Guérard has placed the temperature of the liquid last, for my own observations have convinced me that this condition is comparatively unimportant to the other three. The peculiar merit to be given to the author consists in his having substituted precise notions on this subject in the room of vague and unfounded ideas, and in having shown that the effects of cold drinks are more vital than physical. A vote of thanks was adopted to the author.

Contagion of Yellow Fever.—M. Chervin read a memoir upon quarantines, in which he criticised a paper by M. Bertulus relative to the transmission of yellow fever.

M. Bousquet demanded of the author the retraction of certain expressions in reference to M. Bertulus. He stated that he was the more justified in this demand, as it appeared extraordinary that M. Chervin should pretend to know the state of cleanliness of the sloop *La Caravane*, which he had not seen, better than M. Bertulus, who had made a long stay in the vessel. M. Bousquet here read a passage extracted from the memoir of M. Bertulus, in which this physician gives some minute details as to the manner in which this vessel was cleaned before leaving Toulon, the composition of its ballast, and the care which was taken to maintain cleanliness aboard during the voyage.

M. Chervin: You see, gentlemen, from the passage itself which M. Bousquet has read, that, among the precautions of which he speaks, M. Bertulus has forgotten one of the most important. The ribs of a ship are very thick, and in the space existing between the outer and inner surface, substances susceptible of decomposition become introduced, and which may, when left there a long time, become a cause of infection. Now, M. Bertulus has not said that he caused this part of the vessel to be kept clean. The omission of this precaution frequently brings along with it the most grievous consequences; for the miasms disengaged from these putrified substances may give rise to various affections, and even yellow fever. I could cite a remarkable example: a vessel, in which this precaution had been neglected, having discharged its cargo, was undergoing a thorough cleansing, but the white crew were unable to resist the infectious exhalations which escaped, and the continuance of this operation was obliged to be intrusted to the negroes. Well, although negroes are very little susceptible to the contagion of yellow fever, several of them also were attacked. This proves that M. Bertulus was wrong not to give the details as to this point; for if this part of the cleansing was not made, it is not surprising that the yellow fever should have manifested itself on board his vessel.

An animated but somewhat personal discussion ensued, which does not present much interest for the medical reader.

Observations on the Efficacy of the Veratrum Cevadilla in the Treatment of Hydrophobia. By Dr. Foulhioux, of Lyons.—Dr. Foulhioux having read in the account of an English traveller, that the cevadilla was employed by the natives of Mexico in hydrophobia, resolved to try it on the first occasion. The following is the result of his observation:—

Case.—Claude Ollier, a servant, 44 years of age, was bitten on the right wrist by a mad dog, towards the commencement of the winter of 1838. The wound, which was small and superficial, soon healed, and a year had nearly gone without the patient experiencing any effect from the accident, when, on the 26th of November, 1839, he was suddenly taken, while travelling towards Lyons, at half-past ten in the morning, with prickling sensations over the whole surface of the body, indescribable uneasiness, a desire to bite, an irresistible impulse towards walking, and horror of liquids as well as light. When he had reached Lyons, he experienced a violent paroxysm, and attempted to bite some one on the shoulder. He was seized and brought to the *Hotel-Dieu* at nine o'clock at night, having already had five or six fits, and presenting the following appearance:—Face flushed, tongue moist and red, slight headache, increasing at the commencement of the paroxysms, giddiness from time to time, constriction at the threat, heat of skin natural, impossibility of bearing an artificial light, which provokes a paroxysm even when the eyelids are closed; the tongue presents no trace of vesicles: the patient requests the persons about him to go away, or else to hold him down; he then utters piercing cries, grinds his teeth, trembles, casts his head violently about as if to bite anybody, and even tries to bite the bench on which he is extended. There is but little froth at the mouth; the paroxysms last about a minute, and leave the patient very much exhausted, but quite sensible. (Nearly six grains of oplum in the solid form were given.)

Two other paroxysms took place in a few seconds. The patient frequently requested to be stifled, saying that he suffered too much, and that he knew he could not be cured. (Nine other pills, each containing about one grain of opium, were given at half-past ten.) The paroxysms seemed lessened in force and frequency. The face was greatly flushed, a general blood-letting, to nearly two pounds, was adopted. A slight paroxysm was produced, followed by yawning and a sensation of faintness; half an hour passed without any fresh paroxysm, whilst before he had had one every five minutes. (At one o'clock in the morning ten pills, similar to the former, were given.) Acrid and burning pain at the epigastrium, weakness, drowsiness, apparent sleep, which is interrupted by cries and convulsive movements. The patient appearing past hope, M. Fouilhoux proposed to submit him to the treatment by the *cevadilla*, of which about 10 grains were administered at half-past nine. The burning pain at the epigastrium increasing, he was cupped on the back of the neck to upwards of a pound. About one o'clock in the day, the patient complained of weakness, with constriction, and a burning heat in the throat, and difficulty of breathing. At three o'clock he had another fit. At six, he had had no fresh paroxysm. The patient drank a little, and suffered less in the throat and epigastrium. On the 28th (third day), no new paroxysm; the patient drank more than half a pint of ptisan. On the following days he continued improving; he suffered from time to time with a headache, which disappeared by means of sinapisms applied to the legs.

Ollier left the hospital on the 7th of December, perfectly recovered.—*Gaz. Med.*

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths from all causes registered in the four weeks ending Feb. 5, 1842.

	Jan. 15th	22nd	29th	Feb. 5th
Small-Pox	3	12	12	8
Measles	39	33	25	13
Scarlatina	9	7	11	8
Hooping-Cough	57	77	59	68
Croup	11	10	10	5
Thrush	2	2	1	2
Diarrhœa	3	5	9	7
Dysentery	—	2	3	3
Cholera	—	—	—	—
Influenza	—	1	2	2
Typhus	23	22	16	14
Erysipelas	5	6	9	3
Syphilis	—	2	2	—
Hydrophobia	—	—	—	—
Diseases of the Brain, Nerves, and Senses	165	152	176	153
Diseases of the Lungs, and Organs of Respiration	356	374	407	409
Diseases of the Heart and Blood-vessels	26	24	18	19
Diseases of the Stomach, Liver, &c.	53	70	65	52
Diseases of the Kidneys, &c.	7	8	7	4
Childbed	5	8	7	11
Ovarian Dropsy	—	2	2	—
Disease of Uterus, &c.	2	3	1	1
Rheumatism	2	2	—	2
Diseases of Joints, &c.	5	3	—	6
Ulcer	—	—	1	3
Fistula	—	—	—	1
Diseases of Skin, &c.	1	1	—	—
Diseases of Uncertain Seat	124	132	142	107
Old Age or Natural Decay	107	109	109	104
Violence, Privation, or Intemperance	26	38	17	16
Causes not specified	1	5	5	6
Deaths from all Causes	1042	1110	1116	1025

TO CORRESPONDENTS.

"A Well-wisher to the University of Edinburgh" *expresses his entire concurrence in the observation of our talented correspondent, on the abuses which threaten to impair the utility as well as high standing of the University. He says, that from the deeply felt mediocrity of the teachers, the students use the most riotous licence in the classes, and that "the voice of the lecturer is often drowned by the yells of his auditors." It appears that the lecturer on the Practice of Physic is an old man, in whom* articulation *is impossible from his constant fits of coughing. As the best attention is utterly fruitless, it really demands a high sense of duty to keep the best intentioned students decorous in their attendance. The anatomical professor, on the other hand, as if fearful of the want of the natural attractions in his course, acts as if resolved to give it at least that of variety, and the poor students are doomed to hear him to-day on the eye; to-morrow on the toe; this day on apoplexy; the next on hydrocephalus; now on stone in the bladder, and again on necrosis. Our correspondent concludes by suggesting that the patrons should enforce by law the retreat of old, decrepid, and doting professors on a retiring pension; that the Senatus Academicus should allow a certain number of the tickets of private lecturers to be received; and thirdly, that the professors—to inspire a more friendly feeling between them and the pupils—should be the examiners.*

Mr. Rambleaway *writes to us with considerable bitterness against the "Poor-Law Amendment Act," which he says has superseded the question of Medical Reform. He conceives the object of the Bill to be the reduction of population. In ridiculing the lame attempts hitherto directed to ameliorate the profession, he attacks the mock college of Mr. Wakley, and concludes with the following remarks:—"The question is often asked, what sort of reform is required? is it to increase the number of lectures and double the fees? or lengthen the time of the students' duration in London, or elsewhere? I believe these are not required. My belief is, that the meaning of the words* 'Medical Profession,' *if thought anything respectable, is altogether misunderstood, although applicable it may be to the Sir Henrys, Sir Benjamins, &c.; but in the country, the 'Medical Profession' is* strictly trade, medical trade, drug trade, *and the traders, in many instances, are the most paltry, malignant, and treacherous of any in existence, and this I say, although a general practitioner myself of thirty years' standing. The fact is, the supply is greater than the demand; and any petty trader or farmer, with two or three hundred pounds, must have a son* 'educated to the medical profession.' *Our profession complains of druggists prescribing and dispensing—they always did so. Might not the druggists in many instances complain of the Surgeon-Apothecary retailing drugs? But one of the greatest curses to a 'subordinate' after having paid dear for his lectures, &c., when he comes to be 'fixed in the world,' is coming into contact with* 'GRATIS PHYSICIANS;' advice gratis at certain hours, two days in the week! *Doctor Dash, of course, sending his prescription-begging patients to certain druggists, and afterwards receiving a per centage upon every recipe!"—We are afraid the personal sketches would not suit our columns.*

"Mr. White" *is requested to call at our Office. Mr. Bailey has long ceased to have any connection with the* Medical Times.

"Mr. Guthrie" *gave his* second *Clinical Lecture of this session on Saturday the 5th inst. It lasted exactly thirteen minutes. We should give the lecture if we did not fear that it might be misconstrued into an ill-natured attempt on our part to assist the President in his industrious efforts to write himself down. Has Mr. Guthrie any notion of the idea* honesty?

"Dr. Whittaker" *was sent all the numbers together. The Irish Post-office seems to be especially insecure. We send the few missing again.*

Subscribers who have not received acknowledgments of their remittances are requested to mention the circumstance.

Many communications have been received, which will be noticed next week, or replied to privately.

THE MEDICAL TIMES.

SATURDAY, FEBRUARY 19, 1842.

——— Tot rebus iniquis
Paruimus victi; venia est hæc sola pudoris
Degenerisque metûs, nil jam potuisse negasti.
LUCAN.

THE Poor-Law Amendment Act expires in July. In the interval we must have an important decision. The position of circumstances fortunately extorts from parliament a speedy and emphatic answer to those questions which the country has long asked and answered—has the law worked well? Is it just to the poor? Is it safe for the rich? Is it politic for any class?

We know not with certainty how the great bulk of our readers feel on this grave subject; for ourselves we confess to entertain for it an all-absorbing interest. Great as are the other matters which crave public attention, we believe we could yet, in future days, look back with satisfied composure on the few months which intervene between this and Midsummer, if they offered us no other achievement in favour of humanity than the softening down and christianizing this savage enactment.

In watching the origin, the extension, the working of the new system, it is impossible not to be struck with the identity of the position occupied in reference to it by the profession and the poor. The other respectable classes of society had an express and avowed interest in the measure; their sympathy with their poorer neighbours was proportionately small with the acquaintance they had cultivated with them, and the recital of paupers' sufferings, especially in the matter of their only treasure, their affections, presented to their inexperience but an abstract idea which, if it won the customary unmeaning words of pity, never kindled the spark of active fellow-feeling. The members of our body were differently placed. Compelled by their occupation of usefulness to sojourn much with the poor, they learned to know their habits, appreciate their feelings, to become alive to their wants and griefs, and being attacked in common with them in some of their most prized rights by the provisions of the new law—habit, feeling, and interest concurred to bind up their fortunes in common, and array them together in the struggle of opposition.

The profession has suffered much in the struggle—much in its pecuniary interests—still more (from the betrayal and treason of some of its own members) in its character and reputation;—but looking at the contest altogether, we cannot say we view it without some feelings of satisfaction. Though there was no doubt that the profession could have purchased much better terms for its relief by the surrender of its independence, and the sacrifice of the interests of the poor—the great bulk of the members stood true to themselves, and to those intrusted to their charge. Let them continue to do so with increased energy and union, and neither they nor the poor will have long to complain that the statute-book is darkened by a law akin in spirit to the "Poor-Law Amendment Act."

Bitter as is the hatred of our brethren to this "enlighted improvement of the benign act of Elizabeth," it is comparatively nothing to what they would feel if made acquainted with the whole extent of its sordid atrocities. Our hostility, wide and high as it is, is grounded on the solitary misdeeds which come to light under our own eyes; how we should widen the basis of that hostility, and elevate its height, if we could present the law in all its endless phases of mischief, and all its ubiquitous varieties of torture and oppression in one comprehensive coup-d'œil!

Dispassionately looking back and reviewing its dark progress of extension and calamity up to the very hour we now write, we are compelled, without heat, and in all deliberativeness, to charge upon its founders or administrators, a settled conspiracy against the dignity and respectability of the medical profession, and the adoption of a policy which, in its results—disguised as these best may be—is but a wholesale and systematic slaughter of our English poor.

All men know that parochial medical attendance in England was *never* costly, and very seldom remunerative. From the advantage of the actual practice it gave, and the connexions it led to, it contained in itself all the elements to secure moderation in the pecuniary demands of the competitor. Now, in no parishes in the empire, it is remarkable, did the medical officer insist on, in not more than two did he even ask, on the passing of the new bill, a higher salary than that previously enjoyed. Nay, in very many unions he spontaneously offered to take less, rather than have the situation exposed to fresh competition. Yet who is ignorant of what the Commissioners did? These places, filled without fault by long-tried and respectable practitioners, cheaply to the parish, and most usefully to the poor, were advertised and given to any strange and characterless adventurer who offered to undertake them for some five or ten pounds a year less annually! THE TENDER SYSTEM *was introduced*—a tender system indeed to guardians' pockets, but one of destruction to medical science, of extermination to the pauperized sick.

We strongly wish that we could express, and still more strongly wish that we could infuse into the hearts of every one of our medical brethren, our deep and overpowering sense of the lasting degradation inflicted on our profession by this nefarious law,

and still more nefarious administrators. We pledge ourselves solemnly, that we know of no parallel, even in savage countries, of a public policy which approaches anything near to the injustice and harshness with which a British Government has allowed the liberal, the enlightened, the pre-eminently useful body of General Practitioners to be treated since the enactment of the Poor-Law Amendment Act. The highways were searched—gaols and workhouses ransacked—the hue and cry raised in every newspaper—and there was not a wretched, ignorant, or crime-stained pretender to membership in our profession in any corner of the kingdom who was not carefully looked out by the Commissioners, and used by them before ignorant guardians to defeat the just, the rational, and, if they would be respectable, indispensible requisitions of honest and long-established medical practitioners. They tempted inexperienced young men who had recently passed the Hall or College, to forget the respect which they owed to their position as gentlemen, and the oaths they had sworn on receiving their diplomas, and to enter in an unseemly contention with their seniors—the contention alike degrading to the profession and murderous to the poor—which should offer attendance at the paltriest prices. While receiving enormous salaries themselves, they contrived, by this diabolical system of over-worked competition, assisted by threats and juggling promises, to plunder medical officers of what even Mr. Guthrie acknowledges to be more than one-half their just remuneration. So far the Commissioners' proceedings originated in a cold-blooded, well-planned policy of depressing the medical profession in the service of a grinding and merciless economy. Their next steps originated in a baffled malice, in which, while the rage of disappointment predominated, their miserable principle, as they call it, of penuriousness was not forgotten. They subjected the medical officers to an annual election. What more obvious means could they adopt of destroying medical independence? The guardians generally were the Commissioners' complaint tools—and to crush with lowest humiliation the Medical Officers, they would reduce them to be the complaint tools of the guardians. In their onward course they next sanctioned regulations which prohibited medical men to recommend—even *to recommend*—suitable dietary, *except in some very special cases*—subjecting medical skill in its own especial province to the guidance and censorship of any brutal guardian whom chance might have placed over a district. But we should be writing for ever if we pretended to narrate all that they have perpetrated against the respectability of the profession and the just rights of its members—or mention the impudent bullyings and erroneous falsehoods of their assistant-commissioners—their open and flagitious calumnies against the whole medical community—their displacement of respectable practitioners for non-qualified adventurers—their reception of tenders offering medical attendance at the rate of one penny a head annually—their appointments of men who had neither drugs, instruments, nor knowledge—their extension of their services when appointed to districts of 18, 20, and even 25 square miles, as though under reasonable possibilities, cheap new practice offered too many chances of recovery their fully acknowledging that the great grievances arising from their own misdeeds called for a cure, yet refusing to apply that cure in the very teeth of the recommendation of the Parliamentary Committee which condemned them—all these and similar abominations, which, on a moderate computation, have cost English paupers hundreds of lives, can only from their number and enormity be briefly referred to, or dimly shadowed out—but, we trust, that the very reference to them—incontestible verities as they are—will warm the blood of every medical man who has a sound heart in his bosom, to a heat which will allow him no rest till he sees the destruction of a system which can only be properly described as a complicated social machine, erected to grind down and exterminate impoverished humanity. We know that numberless deaths have followed in the wake of that machine's unwieldy movements—we have seen that many an honest jury has proclaimed that machine's connexion with them as a primary and efficient cause—and though no eyes had marked such things, and no hand had recorded them, a certitude that precedes and outweighs all such testimony, pronounces that with such a diabolical system in universal and constant operation, its great effect — its essential product — murder, could not have been absent. That effect—murder—slow, torturing, and wholesale murder—we boldly lay at the door of the Commissioners.

It is no part of our business as Medical Journalists to discuss the success of the present Poor-Law system, in its supposed purpose of guarding Englishmen against destitution and the agonies of starvation—but if ever there was a body of men that stood accursed both in history and the poor's remembrance, it surely is that law's chief administrators and their secondary assistants. Professing to advance the just principles of Political Economy, they have confounded them for ever in the indignant minds of the people, with a savage, piratical system, which resolves all the teachings of wisdom, with all the duties of christianity, into the scraping together and saving—for heaps perhaps already too large—foreign metals whose whole value is their distribution. Affecting to be engaged in the cause of Philosophy, a great portion of their business has been the degradation and ruin of Medical Science. Pretending to stand forward in the interests of society, they have disturbed it to its very centre. We earnestly trust that Parliament will speedily relieve them from a post which, bad in itself, is made infinitely worse by their imbecile and insane philosophy, or cold-blooded and plotting venality.

MEDICAL STUDENTS' ASSOCIATION.

A meeting of Students was held at the Crown and Anchor, on Saturday evening last, the 12th of February, when the following Resolutions were adopted:—

1st. That a second preliminary meeting be held at the Crown and Anchor, Strand, on Saturday the 26th instant, at half-past six, P. M. *precisely*,—at which, it is requested that Students from each of the metropolitan schools will attend.

2nd. That to remedy as far as possible all misrepresentation, the objects of the Association be published in the different Medical Journals, for the better information of the Students generally, and the rest of the Profession; and that such notice be drawn up by the Secretaries.

OBJECTS OF THE ASSOCIATION.

1st. To form a bond of union between the Students of all the Medical Schools of this metropolis, and thus to destroy that jealousy which at present exists between them.

2nd. To afford an opportunity for scientific debate, and thus give an impetus to the studies of the Students, by inducing them to examine among themselves the theories their professors are constantly bringing before them.

3rd. To give the Students the power of putting themselves in communication, either by petition or otherwise, with the corporate bodies, &c., when such a course shall be deemed fit, it being well understood that petitioning is the chief source, upon which rely the *hopes* of the Association for the improvement of the *present system of education*.

*** The attendance of the Students is *particularly requested* at the meeting, as the preliminaries with reference to the future conduct of the Association will then be settled.

All communications to be addressed, *post-paid*, to "The Secretaries of the Medical Students' Association," Crown and Anchor, Strand, (of whom any information may be obtained.)

ADDRESS TO MEDICAL STUDENTS.

Fellow-Students,—You have the power in your own hands, which, if used aright, will shortly free you from the insulting and unfair examinations of a *drug-seller's company*, and from one which if better in its character is worse in its government, and which was, not many years since, associated with the 'barber's company'—for although truth obliges us to acknowledge that some of the managers of the latter have worked to raise the character of the profession, still what hopes have we so long as the present system of close and inquisitorial examination and favouritism exists, and when your chance of passing depends less on your own knowledge than the state of your examiner's stomach; or as long as close corporations are tolerated, and we have no voice in the government of that profession of which we hope to become members. But at present, alas, we have but dreary and clouded prospects, having no protection from the encroachment of every unlicensed innovator or quack that pleases to open a "chemist and druggist's" shop, and even style himself "surgeon," and visit his patients, and prescribe his medicines and nostrums in the very teeth of those who have gone through an extensive system of education, and obtained their expensive, but nearly useless diploma.

Fellow-Students! will you, with these facts staring you in the face, allow the present opportunity of altering them to pass, without an effort on your part to reform them? Your duty, your interest not only call on you to exert yourselves, but to urge every one of you his friends to do so too. Give your support to those of your fellow-students who have already come forward, although anonymously, and have called on you to awake from your lethargy, and to obtain for yourselves the redress of those wrongs under which you suffer, and under which

you may ever suffer, for aught that the greater part of the profession seem to care. Remember '*union*' is the word, for without that nothing can be done. It is not the few that can remove those grievances, but a general union of every student, not only in London but throughout Great Britain, and by that union the loftiest barrier shall be crushed and removed, and prospects brighter than ever yet opened to 'Medical Students' will be yours.

Your oppressors know your power, and already begin to tremble in their halls at a power which, once formed, they will be unable to deal with, but in yielding to its just demands. Ours is the cause of justice and truth, nay more, of humanity itself, and on our example depends the conduct of our provincial fellow-students.—Yours obediently,

X. C.

University College.

[We have received several other communications of a similar character, but we can find space but for the above. We notice, as a pleasing fact, in the agitation for a Students' Association, that the gentlemen who have taken the most active part in setting it afoot, are distinguished for the close attention they pay to their professional studies. This is a logical consequence of good reasoning—no students are so interested as they in the reform of our Medical Polity.—Ed.]

CASE OF TUMOURS OF THE TONGUE CURED BY MERCURY.

[To the Editor of the 'Medical Times.'

Sir,—I shall feel obliged by your giving the accompanying case a place in your valuable journal, if considered sufficiently interesting.—I remain, Sir, your obedient servant,

W. T. Kay.

Lambeth, February 14th, 1842.

Martha Howard, aged forty-seven, the mother of a numerous family, and still menstruating regularly, but whose health had suffered from abortions and floodings about two years and a half before the present time, was attacked with great pain in the tongue, which swelled to such a magnitude that she could not speak, or swallow anything but fluids. This swelling subsided in six weeks, but left several small knots in the substance of the tongue, round the edge of its anterior portion. These tumours were irregular on their surface, having various depressions and elevations, and were as hard and unyielding as scirrhus. They were all painful, and the sensation they gave was as if a spear was thrust from them into the lower jaw. They so much resembled the description of cancer by Mr. Travers, that I am induced to believe it was a case. However, by the use of blue pill and frictions, so as to produce slight ptyalism, these tumours completely disappeared. Should any of your readers have seen a similar case, I shall feel obliged if they would communicate it to me, through the medium of your journal, as it seems so extraordinary that a case of cancer should be cured by mercury alone.

ANIMAL MAGNETISM.

To the Editor of the 'Medical Times.'

Sir,—Will you allow me to correct an error in my first statement on Animal Magnetism, wherein I asserted that perfect quietude of the eye and its appendages were not absolutely requisite to produce rapid effects. In first experiments to monotonise, perfect quietude of the eyes are actually necessary to produce, in the first instance, rapid effects; after any patient has once been monotonised by means of the stare, such individuals can then be acted upon, whether quietude of the eyes be observed or not; in short, they can be affected by different methods—by varied mesmeric manipulations, by acting upon any of the senses, or by the imagination alone.

In Mr. Catlow's experiments, the boy Green was, in the first instance, operated on by means of a cork, afterwards he could be put to sleep by rubbing a shaving-brush over his forehead several minutes—another had been magnetised by M. Lafontaine: doubtless all Mr. Catlow's subjects had the latent susceptibility developed, in the first instance, by Mr. Braid's method. Any candid and impartial observer can only perceive in Mr. Catlow's experiments a confirmation and extension of Mr. Braid's.

It appears clear, then, that had not Mr. Braid discovered a method by which the latent magnetic susceptibility can be brought into active play, Mr. Catlow and others might have rubbed a shaving-brush over any one's forehead (excepting a few peculiarly susceptible magnetic subjects) indefinitely, without producing any effects. If Mr. Catlow were aware of the practicable merits of his plan years ago, why did he not, prior to Mr. Braid, practically illustrate his method? The answer doubtless is, that unless first monotonised, neither Mr. Catlow's discoveries (I hardly like to call these facts discoveries), nor those of any other person, would be, in practice, effective.

Mr. Braid has sacrificed a deal of time and money in maturing his discoveries, and honourably and without reserve disclosed all to the profession. As a slight return the profession might present a suitable acknowledgment, in the shape of a piece of plate. In Manchester the profession numbers near three hundred; a subscription commenced there, would no doubt be responded to elsewhere: there is no necessity for its being confined to the profession. I need not add, that I am an entire stranger to Mr. Braid.

J. H. Barralier.

Milford, Feb. 9, 1842.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

CASE I.—RETENTION OF URINE.

John Weatherstone, æt. 14, admitted April 21, 1841, under Mr. Hawkins.—On admission was quite incapable of passing his urine, and states he has not passed any for the last twelve hours.

The history is, that some twenty-three or four weeks since, he fell with some considerable force upon the perineum, after which he suddenly found an obstruction in making water, for which he was admitted into the hospital under the care of Mr. Walker, who found it necessary to cut through the perineum into the bladder, and so allow the urine to escape. The opening has healed, and a catheter has been constantly used; if omitted, the stream of urine is found much diminished in size. The catheter was introduced, and his urine drawn off; a stricture of the urethra, in the situation of the membranous portion. H. sennæ s. s.

22. Feels more comfortable; slight febrile symptoms; tongue white; pulse weak.

23. Has had a vomiting attack; tongue white; face flushed; pulse quick; bowels confined. R. hydrarg. sub. gr. iij. s. s.; haust. sennæ p. h. iv. The catheter has been passed, but the bladder had not an over quantity in.

24. Bowels have acted, but fever still exists; tongue white; makes water freely without the use of the catheter; sickness gone.

25. Much the same as yesterday.

26. Fever increased; tongue coated; bowels irregular. To-day No. 5 catheter was passed; the urethra was very tender, and the instrument caused considerable pain on its passage; urine alkaline. R. infus. cascarillæ ʒx., infus. rhei. ʒij.; potass. carb. gr. x.; spt. ammon. ar. m. xx., bis die sumendus.

27. Passed a comfortable night; fever abated.

28. The urine has now become rather acid, in other respects improved.

May 2. Continues improving; urine still acid; tongue clean; bowels open; No. 6 catheter passed on alternate days.

7. Passed an uncomfortable night; to-day complains of uneasiness and headache. R. antim. tart. gr. ½; pulv. ipecac. ℈j. s. s.

10. Experienced relief from emetic administered on the 8th, but to-day complains of return. Repr. pulv. emetic.

14. Feels better; tongue cleaner; bowels regular; catheter has not been passed only every three or four days of late; urine still continues acid.

17. No. 5 catheter passed to-day; urethra presenting a tendency to contract.

20. Much the same; tongue clean; bowels open; tongue white in centre; occasional pain in loins; urine acid.

24. Urethra become more contracted; a catheter was passed to-day, and a gum one after, which was ordered to be left in the bladder.

28. Yesterday felt uncomfortable; passed a bad night; to-day the catheter is to be withdrawn; considerable pain referred to the loins and pubes.

31. Soon felt restored after removing the catheter; it was passed again to-day, and ordered to be kept in should no symptom indicate its withdrawal; tongue clean; bowels regular.

June 4. The same pain experienced from retention of the gum catheter, which was ordered to be taken out; slight rigors last night. To have a balneum lumbale.

7. Experienced great relief from the bath; no more rigors or pain, &c.

11. Passed a bad night; occasional discharge of urine; bowels confined; tongue foul; feverish hue. R. pil. hydrarg., pil. rhei. aa. gr. iij. h. s., baln. cox. h. n. s.

12. Experienced relief from the bath; bowels have acted slightly; tongue foul still.

14. Return of pain in the pubic and lumbar regions; irritability of bladder considerable, accompanied with spasm of the sphincters of the urethra. Repr. balneum cox. &c. R. decoc. pereira brava. ℥ij. ter in die; R. calomel gr. i.; ext. conii, gr. iv. o. n. s.

16. As usual the bath relieved the spasm and pain spoken of in last report; in other respects continues much the same; tongue cleaner; bowels open; rests better of a night. Perst medicina.

20. Not quite so well again; more irritation on passing the urine, which is acid and high coloured; face flushed; bowels regular; pulse unsteady.

24. Much the same; febrile symptoms still present.

28. Continues the same. To have balneum cox. Perst medicina.

30. Urine has become less turbid, and the irritability has somewhat decreased.

July 5. To-day had a catheter (No. 4) introduced; the urethra was found to be in a very irritable state; the bladder contained about a pint of water, which was very acid; bowels regular; tongue clammy.

9. The catheter to-day was again introduced; the urethra was found in the same state; bowels regular; tongue white; urine less acid than usual.

R. Infusi cascarillæ ℥iij.
Infusi rhei. ℥iij.
Potass. carb. gr. xij.
Spt. ammon. ar. m. xx.; bis in die sumendus.

14. Has improved generally since last report; urine acid.

16. The medicine, he says, makes him very sick; omit. haust. R. calomelanos gr. iij. s. s.; haust. rhei. ℥iss. h. n. s.

19. Much at the same standard as at last report, except the sensation of sickness, &c., which is quite gone.

To be made out-patient on account of his general health.

Remarks.—The stricture, combined with spasm, was most probably the cause of retention for which he was admitted. The case itself belongs to that class of stricture which Sir

B. Brodie classes as arising from accidents to the perineum; by the injury the parts become lacerated internally, agglutinate together, obstruct the passage, and thus cause stricture. The frequent febrile attacks, as often as they appeared, were as speedily attended to with success, but as the constitution began to suffer, it was thought advisable for him to go out. The case is one which will always require the *frequent* introduction of a catheter to dilate the parts, as they put on, in such cases, a natural tendency to harden, and thus further obstruct the passage.

Case II.—John Bass, æt. 65, admitted June 11, 1841, under Mr. Hawkins.—Admitted with retention of urine, which has existed for two or three days, but his water was drawn off by a surgeon before he came to the hospital. He has been in the constant habit of passing a catheter for himself, on account of a stricture which has been existing for five years. No consequences ensued which denied his passing the instrument for himself, until the one occurred for which he was admitted to the hospital. About seven years since had partial paralysis of right side, since which he has never regained his former standard. Bowels confined; tongue foul; a gum catheter was introduced, and a quantity of acid urine drawn off. The urethra was very irritable, and after the operation considerable hæmorrhage ensued.

R. Haust. sennæ s. s.; enema c. decoct. hordei quotidie.

12. To-day has passed his water; it gave him but little pain; bowels acted; tongue clean.

14. Passes his water without experiencing any pain, and can again introduce the catheter himself; bowels costive; tongue white.

R. Olei. ricini. ℥ss. s. s.

16. To-day was discharged, having recovered to the usual state.

Remarks.—The direct cause of retention was spasm, arising from a debauch on the night previous to the attack. He has always noticed slight spasm ensue after too great exposure to cold, and too great libations, (avoids the latter as much as possible). The obstruction to passing the instrument on admission was very little; the hæmorrhage that ensued, arose most probably from extension of an increased vascular surface; it however soon yielded to the enema. The treatment merely consisted in opening the bowels well in the first instance, and as nothing further occurred, the administration of other medicines was wholly unnecessary.

REVIEWS.

What to Teach, and How to Teach it. By Henry Mayhew. William Smith, Fleet Street.

Part the first, containing the Cultivation of the Intellect, gives fair promise that the complete work will be a great addition to the able volumes already published on the Science of Mind, and the Principles of Education; nor will it lose at all by comparison with the highest class of them. While the author has made use of the clearest methods of expression, there is a beauty of language that is seldom met with in the essays on the same subject, that prove him to be "at once a poet as well as a philosopher," and we are not of those who believe that the attributes of either are out of place in the task which the author has proposed to himself.

"See, here is what we call a book: what is it really in itself—*physically*? What but a collection of sundry scraps of paper, tattooed with various characters? What is it mentally; what when looked upon by those skilled in its magic mysteries? The works of William Shakspeare! the heart's historian, nature's evangelist! It is the sacred urn treasuring that part of him which could never die—the mausoleum of his immortal mind. * * These leaves are but the scented cerements of his most precious fancy—these characters but so many mystic symbols telling of his high nobility. Cast but your eye on this, and you shall think as he thought, dream as he dreamt two hundred years ago. * * * These are the links which bind him to us—these the spells which can win him back to life and song, though the hand of him and all of him that penned them be crumbled into dust; nay, though a part of that very dust be clinging, as if in fond remembrance, around the pages that it glorified."

The whole subject is treated in a masterly manner, and if read as generally as it deserves to be, cannot fail to effect a most beneficial change in our system of education. The object is to show that under the present training, while the intellect is cultivated, the heart, the moral feelings are almost entirely unattended to; that the tendency of such a system of teaching, since it gives a knowlege without moral principle to direct it, is wrong and dangerous, while, at the same time, a system of education is described, in which the contrary will be the case, and he endeavours to prove in theory what we must all hope to see realized in fact, that under the plan recommended, a nearer approach to moral perfection will be attained, and that as a necessary consequence, the happiness of the species will be increased.

"The above method, it will be perceived, differs from that at present pursued, insomuch as it purposes, in the first place, to give the pupil a knowledge of facts and truths, instead of signs and words—of nature instead of books; in the second, to create in him a desire to learn that which the tutor desires to teach, instead of compelling him to do so by the dread of the birch; in the third, to make study and contemplation a source of intense delight, instead of being as now a source of extreme suffering to the student; and in the fourth and last place, it purposes to make this knowledge the result of actual experience, instead of *mere* reading; or to sum up the whole system in few words—Nature is to be the book—The world the school-room—Experience the tutor—Wonder the incitement—and beauty the reward."

MR. CATLOW'S DISCOVERIES.

On Thursday evening last, Mr. Catlow, surgeon of Manchester, delivered an introductory lecture, according to his announcement, "illustrated by an inductive and comparative series of original experiments on all the senses, and on voluntary motion, exemplifying the elementary fact that connects together the real effects of mesmerism, and allies them to mental and other natural phenomena."

Mr. Catlow observed that one advantage of the different modes of operating to be exhibited would be that of enlarging our views of the rudimentary and complete analogies to the processes and effects of artificial mesmerism, to be found in nature and common life. It was unnecessary to suggest how materially such enlarged views might enable us better to appreciate the effects of various agents and circumstances by which animal life is influenced, as well as to settle the idle and otherwise endless disputes about the distinctions between mesmeric and other effects, that were allowed to be analogous, but not identical. Every reflecting mind would perceive, as his experiments proceeded, that the same means produce different effects in different individuals; that different means produce (*cæteris paribus*) similar effects in the same or in different individuals; and that as all the methods practised are closely allied by one fact or principle common to all, which in strict philosophy makes them all one method, so all the effects must by every philosopher be considered, however apparently different, to be mutually and strictly allied to each other by one common law of animal life. He had been led, through a suggestion of Dr. Satterthwaite, to see the unimportant character and means of the thumbing, which was intended to have the same effect as the steady gaze of the operator, viz., to attract and isolate, or to monopolise (so to speak) the attention of the patient. That the real effects of mesmerism depended not merely on what was vaguely termed imagination, but on the undue continuance and repetition of the same sensible impressions, he (Mr. Catlow) had registered his conviction as early at least (as he was reminded by Mr. Holland) as the autumn of 1838, and probably long before that, among notes on sensation, having reference to medical views that he had been laboriously developing for many years.—(Applause.) The note was written with the view of using the effects of mesmerism as an illustration, in counterpart, of the value and necessity of duly applied, continued, and varied impressions on the senses, which it had long been the main object of his (Mr. Catlow's) life to prove and develope as the only possible and stable foundation of natural medicine. The object of his experiments was to do what the animal magnetisers had not attempted—to demonstrate the physiological cause of the real mesmeric phenomena, as it was to be drawn from the phenomena of sensation; and he could not do this without gaining a clue to the discrimination of the real from the supposed effects of mesmerism, as well as to the wide analogies of nature in reference to them.

The first subject was a fat, sleepy-looking little boy, named Anthony Green. Mr. Catlow commenced brushing the boy's forehead with a soft shaving-brush, and in eight minutes the boy's eyes closed, and he said he could not open them. Mr. Catlow then fixed the left leg in a cataleptiform state. The boy was then awaked by what Mr. Catlow called "a pretty hard pinch" on the back of the hand. He asked him, Did you try to keep your eyes open? Yes, as much as I could.—What effect did you feel from the brush? I did not feel at all, after a minute or two at first.—Then, before you closed your eyes, you did not feel the brush? No, not at all.—Mr. Catlow said, this boy had first been operated on with a cork on the forehead; he had performed 14 experiments upon him, with various results.—Mr. Braid said, he was much gratified to see Mr. Catlow's successful experiment; but it appeared to him, that one circumstance complicated it more than was necessary viz., the constant and regular motion of the hand before the eyes, which must affect the sense of sight.—Mr. Catlow said, that the fixing of the eyes was not the cause, but the effect of the experiment. It was not a voluntary act, but the effect of what was called "a brown study," which was a ludicrous but complete instance of natural mesmerism.—(Applause.)

The next subject was a young woman, named Elizabeth; being, as Mr. Catlow said, the first experiment he had performed on her, except one or two before some private friends. Mr. Clay, surgeon, said, that two senses were operated on in the last experiment—touch and sight; and if Mr. Catlow could stand behind the chair, it would be better.—Mr. Catlow at once complied with this suggestion, and said, that the sensation was described by this subject as peculiarly pleasant and agreeable.—Dr. Radford suggested, that as when the hand moved before the eyes, the eyeball followed the hand, there could not be a voluntary fixture of the eye.—Mr. Catlow then commenced waving a pamphlet gently, up and down, an inch or two

distant from the subject's forehead and face and said, that in this experiment the shadow had a distinct action and influence; but the object employed was not fixed like the cork, &c., but in continual motion. He could produce the same effect by his hands merely.—(Laughter.) In a few minutes, Elizabeth's eyes closed. Last evening, she was insensible to the pain from pricking; and he generally found a difference in sensibility between the two sides of the body. He then pricked the hand, leg, and face of the subject; in one case blood flowed, but Elizabeth showed no sign of sensation.—The next patient was called Betsy, a girl of 13 or 14 years. In five minutes, the waving of the pamphlet sent her to sleep.—The next patient was a younger girl, named Mary. In seven minutes and a half she was asleep by means of the brush. In two minutes she awoke. She did not recollect her arm being raised, and said she felt more completely asleep by M. Lafontaine's method than by waving the book before her eyes; therefore he (Mr. Catlow) inferred that M. Lafontaine's method was the one best suited for her, except the brushing.—The next subject, introduced as one who was a somnambulist, was named Celia, a factory girl of 15, who was put to sleep by brushing the forehead in less than two minutes, and while standing on the platform. Mr. Catlow then showed another mode of impressing the sense of touch, which he said was suggested to him by the patient herself (Elizabeth). This was gently to smoothe or stroke the hair, from where it is parted near the crown of the head, towards the ear, on one side only; and Mr. Catlow said, if electricity was developed in any of his experiments, it must be in this, on the principle that rubbing a cat's back would elicit electric sparks. The patient went to sleep in about ten minutes under this process, which, we may observe in passing, is strikingly analogous to the fact mentioned by Mr. Wilson, surgeon, at one of M. Lafontaine's lectures, that a gentleman of this town always goes to sleep while the barber is cutting his hair.—In nine minutes the boy Green went to sleep, the back of his hand (which rested on a table) being brushed with the small shaving-brush. During this operation, Celia awaked of herself. Mr. Catlow then fixed the boy's legs, then rigid, in a horizontal position; also one arm outstretched; and he stated that, on touching the other arm, it rose of itself without his using any pressure. He then removed the rigidity first of one leg, then the other, and then one arm, by fanning each limb with a large fan, interposing some sheets of paper between the current of air thus caused and the subject's face, and the patient remained asleep. He tried to induce the boy to rise and walk; and Mr. Braid said he was too much asleep. He was then fanned a little more; but in the attempt to get him to rise he awoke. Mr. Braid said, he had tried a variety of modes himself; and he had stated in a recent lecture, in Liverpool, that he was engaged in prosecuting an inquiry into one matter. This he had now completed, and was now able to afford refreshing sleep to a patient without the use of opiates; and in the next lecture he should deliver, he thought he should arrive at yet more important matters.

Experiments followed on the sense of smell,—on the sense of taste,—and on the sense of hearing, with equal success. Mr. Catlow said he had now exhibited experiments, and induced sleep, by acting on all the five senses, viz., sight, feeling, hearing, smell, and taste. But there was one curious fact which he wished to bring before the audience, in connection with articulation. He would set the boy Green to repeat the word "cup," and the audience would notice the variations in the pronunciation of the word that would arise on its repetition. On hearing these, they would not wonder at the fancies of etymologists, and would no longer doubt how extremely different a word might become by usuage. The boy Green then sat down, and commenced repeating the word "cup," Mr. Catlow beating time with a small stick. If the reporter was correct in counting, 450 monosyllabic utterances sufficed to effect sleep. Mr. Catlow observed, in answer to a gentleman who recommended, as an experiment, the pronunciation of vowels only, that it would not be so satisfactory an experiment, as in a short time they would become mere breathings only; there was no enunciation, it soon ceased to be an articulate sound at all. He was of opinion, that a series of experiments of this nature would bring out the natural analogies of articulate sounds.—(Applause). They would find, for instance, that the *r* would sink into the *l*. But his present object in this experiment was to show, that placing the organs of speech under this continuous and violent action had the same effect as unduly repeated impressions upon any of the five senses. Another experiment he could show, but time did not permit, in which the means employed was long-continued tapping of the table.—Mr. Braid said that the experiments were both satisfactory and gratifying to him, as they must be to all present. But he must remark that the boy had a fixedness to gaze.—Mr. Catlow: Yes; because he could not help it. It is there that, with all deference, I think Mr. Braid has committed a fallacy, or fallen into a mistake. The fact is, that the act of attention invariably fixes the eye and the muscles of the eye, as it does every other muscle.—(Applause). The very attitude of attention is an illustration of this fixedness; and in that act you have the rudiments of all the mesmeric phenomena. The suspension of sensibility and voluntary motion, in the act of attention, which occur in so many acts of our lives, are the only rudiments of all the phenomena of mesmerism. If I could arrest the attention of any one of my audience so that he would think of nothing but what I was doing at the moment, I could prick him with pins without him feeling it. If you continue the act of attention too long,—longer than is compatible with the individual constitution of the mind, you in fact suspend the sensibility altogether; you produce sleep,—which varies according to the impressions on the senses through which you isolate or monopolise the attention. The phenomena vary from the most normal, or natural sleep you can conceive of, to the more peculiar phenomena exhibited in catalepsy, somnambulism, &c.—(Applause.)

MEDICAL MEMS. OF THE WEEK.

By PERISCOPICUS.

John Hunter declared, in one of his lectures, that when the cure of syphilis, under a mercurial course, once commenced, the cure would get on quite as well, no matter what the diet, if the patient even got drunk daily and slept in the fields! He allowed, however, that cold "by increasing the general stimulus" had a bad effect.

Dr. Benson of Dublin, mentions a lady of his former acquaintance labouring under ovarian dropsy, who had been tapped forty times. She was tapped twice or thrice yearly, and although more than eighty years of age, rapidly recovered after every operation, and the doctor thinks that if an accidental injury had not carried her off, she would have died from natural decay, rather than from dropsy. Another strange fact in the matter is, that the dropsy was not known to be ovarian till the autopsy.

MM. Cap and Henry, by a course of close experiments, have demonstrated what was denied by M. Lecann, that urea exists in the urine in combination with lactic and phosphoric acids.

Dr. Fosgate, an American physician, neutralized the poisonous effect of one and a quarter grain of the sulphate of morphia (equal to seven and a half grains of solid opium) by taking a cold strong infusion of coffee, in repeated draughts. It is singular that the exquisite sensations of the opium eater were only experienced by the doctor *after* taking the antidote.

In an interesting conversation between the members of University College Medical Society, that most dangerous medicine to weak subjects, iodide of potassium, was declared to have cured a bad case of ascites, in which all other remedies had failed; and the important distinction was drawn between its uses in the secondary syphilis marked by tubercular and pustular eruptions, in which it was thought useful, and the form characterized by papular or erythematous eruptions, with an irritable constitution, in which it was declared pernicious. There is much yet to be learnt on the action and powers of this important remedy.

Dr. Burwell, in a case of poisoning by corrosive sublimate, immediately administered the white of about half-a-dozen eggs. The patient had vomited, and continued to make great efforts to evacuate the stomach. He sent to his office for a dose of ipecac., and in the mean time dissolved tart. ant. and pot. gr. iii. in water, and gave one-third at a time until copious vomiting took place. She threw up bloody mucus mixed with the contents of the stomach. He now gave pulv. ipecac. 3ss., and ten minutes after the first dose, gave 3ss. more. She continued to drink freely of white of eggs diluted with tepid water and mucilage gum arabic. The recovery was perfect.

Dr. Graves gives a singular case of idiopathic glossitis terminating in uncircumscribed ulcers. The patient, aged 30, complained of pain in the tongue, with difficulty of swallowing, and indistinctness of articulation. The tongue was enlarged, particularly on the left side, about the centre of which a well-defined tumour existed, hard and extremely painful to the touch. Pulse ninety, hard, and full. He had not taken any medicines that could have produced this affection. On the following day a soft spot was detected on the under surface of this hardness, which, on being punctured, gave exit to about a thimbleful of thick, yellow, and very offensive pus. From this he got instantaneous relief, and left the hospital the same evening.

Dr. Todd says, that as typhoid fever is prone to irritate the glands of Peyer, the poison of scarlet fever to irritate the throat, the measles the lungs, &c., hydrophobic poison has its favourite locality, which he considers to be the spinal system, especially the medulla oblongata. The patient's horror, he says, in these cases is not of water, but arises from his fearful sense of the impossibility of swallowing it, or anything else. The doctor admits that hydrocyanic acid (given in large doses in the hope of its acting as a sedative on the spinal system) had utterly failed, and strongly recommends the application of cold to the back. The patient, in a case he referred to, swallowed ice with avidity.

Dr. Dieffenbach, to cure spasmodic contraction of the face, effected the division of the orbicularis palpebrarum, by three subcutaneous incisions, one upwards, a second downwards, and a third outwards. They were made with a fine curved knife, run in at the level of the outermost fibres, carried to the edge of the tarsal cartilage, and in withdrawing it made to cut through the whole breadth and thickness of the muscle,

and down upon the thin layer of wood, with which the eye-ball was defended. The section through the cheek extended from the ala of the nose to the anterior border of the masseter, the knife being passed in at the latter place, and carried with its back just under the skin to the former. To divide the muscles of the angle of the mouth, a similar section was made from it obliquely downwards to the lower edge of the lower jaw. The hæmorrhage was stopped by the usual means.

MEDICAL NEWS.

Irish Medical Reform.—The following memorandum was recently presented to Lord Viscount Bernard, by Drs. Corbett and Wood, acting as a Deputation from the Council of the Medical Association of Ireland.—"In presenting ourselves to your lordship's notice in the character of a deputation from the Council of the Medical Association of Ireland, we beg to lay before your lordship a resolution of that body, passed at a meeting held on the 25th of November last, and since published in the Proceedings of Council of the Medical Press. Your lordship's zealous advocacy, as chairman of the Bandon board of guardians, for the appointment of a well-educated and fully qualified practitioner, to take charge of the union workhouse, we should think led to this resolution of the Council, and conferred on us the privilege and honor of waiting on your lordship, as a candidate for the representation of the Borough of Bandon. * * * The body with which we are on the present occasion identified, may be, and is probably unknown to your lordship, and therefore that we may not occupy your lordship's valuable time by a history of its formation and progress, we beg to present for your lordship's perusal some numbers of the Medical Press, which will show your lordship that the objects of the Medical Association of Ireland, are as much the promotion of the welfare of the public as of the profession, and that its views are not chimerical; we are happy to say that the attempt to carry out the objects contemplated by this body, is not confined to it alone, as our English brethren, alive to the necessity which exist for reform in the medical institutions of the United Kingdom, and fully concurring in opinion with the members of the Irish Association, have already formed many similar associations, which, by their resolutions, petitions, reports, interviews, (by deputy) with candidates for parliamentary honours, and representatives in parliament, as well as with members of the government, have sought to establish the principle of a safe and conservative reform in those institutions; but unfortunately the hands into which the details of the proposed amendments fell, were not such as to command the respect of the House of Commons, nor the confidence of the profession, and whenever medical affairs were noticed during the late session of parliament, the house was sure to be counted out on the night appointed for their discussion, thus blighting all hope of our cause being heard; to your lordship the Council of the Medical Association of Ireland now looks with confidence, for the securing at least a fair hearing of our grievances, as the medical profession is the only body in the empire placed in the anomalous position of *non-representation* and *non-protection* of its interests.—Your lordship's rank, station, zeal, and talents would, we have no doubt whatever, if exercised in behalf of the medical profession, lead to the successful issue of a question of such vast importance both to the community and the faculty, as that of raising the standard of medical education in the United Kingdom, rendering it uniform, and thereby preventing the influx of uneducated, and consequently inefficient persons into the profession—persons, the performance of whose duties are of the most important character. We, as the organs of the Medical Association of Ireland, most respectfully and earnestly beg your lordship's attention to the improvement of medical education, as paramount to all other objects, and we beg to state that from the formation of the association in Ireland, this of seeking for legislative enactment to secure a well-grounded course of preliminary education for candidates about to enter the profession, and of practical knowledge on their admission, have been the grand desideratum of its exertions. As we have been so courteously permitted to confer with your lordship, we feel we would not have fulfilled the duty imposed on us, were we to neglect bringing under your lordship's consideration other matters more immediately affecting our interests as a professional body; we have to complain of want of legislation to secure us that protection which not only the other professions, but every trade in the community enjoys. The church, the bar, the army, the navy, the manufacturer, the agriculturalist, &c., are all represented and legislated for in parliament; but enactments have never issued for the medical profession, except to add to its burdens, and insist upon its services, either directly or indirectly, at the lowest rate of remuneration, and in many instances without any compensation whatever.—Your lordship may not probably be aware that any remuneration afforded members of the profession, who are called on to give testimony in courts of justice (and which they are obliged to do under penalty for refusal) *is an act of favour on the part of the authorities;* no matter what the distance they may have travelled, what delay or inconvenience they may have suffered; and your lordship will please to observe how frequently medical men on such occasions are worried on the witness table, not only as to matter of fact, but as to matter of opinion, this latter requiring in the greater number of criminal cases extensive experience—the most arduous study, and the closest investigation and comparison of authorities.—In courts of quarter sessions and minor courts, no provision whatever is made for compensation to medical witnesses, and yet they are obliged to leave the sphere of their professional labours (laying aside all other business), and attend for days and weeks at a considerable distance from their homes. The presiding barristers in many instances have lately expressed regret at being unable to order remuneration on these occasions.—The law provides for a definite remuneration at the discretion of the coroner, in cases of inquest; but when that officer, probably after the practitioner having performed a *post-mortem* examination, issues his order for payment, the magistrates and rate-payers assembled at road sessions, to whom it must be submitted, have the power of curtailing or rejecting its amount, either or both of which they frequently exercise, and even if it should receive their fiat, it must be approved of by the grand jury, and at the end of six, nine, or twelve months, (it not being payable until the assizes next ensuing that at which it was passed), the medical man's time, labour, and trouble are rewarded by a sum of one or two guineas at most! Nay, so little have medical services been valued on those occasions, that your lordship will be surprised to hear that very lately the presentment for a sum of £34 coroner's fees was traversed in the county of Dublin, and in the course of argument the learned Judge (Perrin) who presided, recommended that if inquests were held in the neighbourhood of dispensaries, the medical officers of those institutions should be called on by the coroners to perform the necessary duty *gratuitously* forsooth, because (to use the learned judge's words) they were paid by the public. Your lordship's own honourable feeling will, we are convinced, at once show your lordship the injustice and hardship on the medical profession, of an opinion such as this delivered from the bench, taking into account the very arduous and varied duties already imposed on this ill-paid and hard-working class of our brethren.—The paltry remuneration allowed for attendance on the police, and on crown witnesses, (who have received injuries) is another cause of complaint on the part of the profession. In an instance of the former, very lately, a medical practitioner, after some days attendance (having been summoned on a police order), demanded the very moderate sum of one guinea, when his claim was referred to an irresponsible officer in Dublin, the secretary of the board of health, who reduced it to *twelve shillings and sixpence!* considering it fair remuneration for attendance on a case of cholera, and so ordered it. Application was made to the late under-secretary of state by the Council of the Medical Association representing this grievance, but there was no redress afforded.—We would most respectfully urge on your lordship the advocacy of an adequate remuneration of medical men in charge of union workhouses, with whose arduous duties, subject to the strictest surveillance, your lordship is by this time well acquainted. This is a subject which has engaged the attention of the guardians in the South Dublin Union, who witnessing the unremitting attention of their medical officers, (whose duty often occupied them five and six hours per day) sought by their unanimous resolution to raise the salaries from £60 to £100 per annum; but the sovereign authority of the poor-law commissioners, whose approval your lordship is aware is necessary, interposed and refused to sanction the increase. This refusal to the taxpayers by the taxers, calls loudly for legislative interference.—The last subject on which we shall trouble your lordship, is one of vital importance to the public, more we should say than to the profession, and that is the future government and support of the medical charities of Ireland. Your lordship is, we presume, aware that the general impression abroad is, that these valuable institutions must fall to the ground, when taxation under the poor-law is fully established, as it is thought it will not be possible to raise subscriptions for their continuance, exclusive of which it is said to be more than probable, that the justices and rate-payers at road sessions will not sanction presentments. Your lordship cannot fail to see that the prevention of disease and its cure, amidst the working population of this country, must in a great measure act as a check on pauperism; and dispensaries, fever hospitals, and county infirmaries, being the only sources of out-door relief to the sick poor, we would humbly suggest to your lordship, that their efficient support is of the utmost importance. An additional proof in exemplification of the unfitness of the commissioners to apply an enactment for the benefit of the poor and the public, has been exhibited in their attempting to force the profession into shilling contracts for vaccination, under the late truly benevolent act of the legislature for the extension of vaccination. This system of "tender" has completely rendered nugatory the intensions of the legislature by disgusting the respectable portion of the profession, none being found who would submit to the degradation attempted to be imposed on them. In conclusion, we beg to present to your lordship our best thanks for your lordship's kind and patient attention to us, and beg to say that any further information on the several subjects which we have submitted for your lord-

ship's consideration, shall be most gladly afforded by us, and also by the Council of the Medical Association, who generally having a deputation in London during the parliamentary sessions, shall be most happy to be permitted to confer with your lordship.

IRISH OPINION OF ENGLISH MEDICAL REFORMERS.—Professed reformers tried their hands. Mr. Warburton got pelted by his own mob, Mr. Hawes got his jacket trimmed by the druggists, the Provincial Association of England sneaked out of the arena with its tail between its legs, and the British Medical Association, grasping at the shadow, abandoned the substance. As for us Irish, we laboured in our vocation, we *agitated* for *any* bill, content even with an instalment; and certain are we, that of all the parties concerned we have been most successful; for let our fellow-labourers, John and Sawney, say what they please, the impulse was given from this side the Channel. The sincerity and motives of all parties have been pretty well tested, and candidly speaking, we are not sanguine in our expectations of support from the mass of the profession in England. The mercantile spirit and money-worship has taken such undisturbed possession of the hearts and minds of the whole community in that part of the empire, that subjects uninfluenced by these motives have little chance of patient attention or disinterested consideration. In Ireland, where unfortunately the want of this same mercantile spirit operates injuriously on the general prosperity of the country, we are left more at liberty to consider matters of this kind on their merits, unswayed by more powerful motives. We think we may answer for the physicians and surgeons of Ireland, that they are prepared to entertain any plan at all calculated to remedy existing evils, without reference to the source from which it emanates; provided always that "justice to Ireland" be not forgotten, and that proper respect be paid to the reasonable wishes and opinions of her people.—*Dub. Med. Press.*

REFORM.—Dr. Carmichael breaks down the requirements of the profession to the two following:—1st. According to my plan of reform, all members of the profession, including general practitioners, shall in future be entitled to practise medicine under the same qualification; there shall not be a first-rate class of practitioners licensed for the rich, or an inferior for the poor, but all shall be tested by the examination. 2ndly. It is proposed that all general practitioners shall charge for their attendance, but not for their medicine, which will effectually put a check upon the present *drenching* system, so injurious to the public and disreputable to the profession.

A Mr. Child has been holding a meeting in the Town-Hall, Birmingham, to give the public an opportunity of examining into numerous cures of blindness which he professed to have accomplished. Three patients were shown as more or less cured, but no medical man was present to attest the genuineness of the miracles. Mr. Child professed to have made a discovery which was unknown to the profession.

KING'S COLLEGE HOSPITAL.—Dr. Budd will give a clinical lecture on Wednesday next, the 22nd of February.—Mr. Bradley read an interesting paper at KING'S COLLEGE MEDICAL SOCIETY on Chorea, on Thursday last, when it was announced that H. Browne, Esq., would read a paper on the 23rd, at 6 p.m., on '*The Philosophy of Nervous Affections.*'

WESTMINSTER HOSPITAL MEDICAL AND SCIENTIFIC SOCIETY.—Mr. Kirkby read a paper on uterine hæmorrhage on February 16th, in which he showed that painful results often happen from hæmorrhage occurring when the placenta was partially attached. The meeting was very well attended, and the discussion well supported throughout the evening.—A paper was announced to be read on the 23rd of February by Mr. Kay, on the comparative merits of Lithotrity and Lithotomy, accompanied by Statistics of the two operations.

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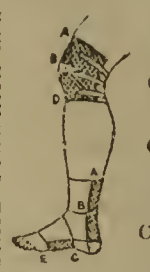

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COURSE OF CLINICAL LECTURES ON PNEUMONIA.

Delivered in the Hospital of La Charité, by Professor CHOMEL.

LECTURE X.

A. *Crepitant Râle occurring on the decline of Pneumonia.*—At the period of resolution of a pneumonia, we sometimes hear a *râle* which has some resemblance to the primitive crepitant *râle;* but its bubbles are moister, larger, less regular, and more slowly produced; they are less numerous and more free from the puffing sound: moreover, we sometimes hear them during expiration; frequently also they are merely discerned at the first forcible inspiration, and altogether cease during the ordinary inspirations which follow. One circumstance, however, which makes this phenomenon strongly resemble the primitive *râle,* is that, like it, it generally occupies but one side of the chest, sometimes a circumscribed portion of the lung, and frequently slight bronchial respiration and resonance of the voice are conjoined with it, phenomena which are not met with in the other *râles* which simulate primitive crepitant *râle.*

B. The *sub-crepitant râle of capillary bronchitis* resembles, in some respects, the primitive crepitant *râle* of pneumonia, and might with considerable facility be confounded with it; but, as M. Louis has observed, whilst the crepitant *râle* of pneumonia is scarcely ever seated in more than one lung, the *râle* of acute capillary bronchitis constantly occupies both sides of the chest, and particularly the posterior and lower parts, while the crepitant *râle* of pneumonia may be seated in all the regions of the lung. Another distinctive character between the crepitant *râle* of pneumonia and the fine mucous *râle* is, that the latter often presents a species of inconstancy, occasionally disappearing for a few seconds, a circumstance which we never observe in the pneumonic crepitation; thus it is often important to auscultate the patient two or three times within a short interval. Still, in spite of the distinctive characters of these two *râles,* there are cases in which it is impossible to distinguish between the two; and if it should then be pronounced a crepitant and not a *sub*-crepitant *râle,* it is from recognising by other signs the existence of pneumonia, and not of capillary bronchitis. Sometimes, in fact, the *sub*-crepitant *râle* is heard only during inspiration, continues after expectoration, and presents perfectly equal bubbles, &c. We may easily conceive how these two *râles* may become confounded, if we reflect that the inflammation may occupy the point where the extremities of the bronchial tubes become united with the pulmonary vesicles. On the other hand, in children in whom the air-tubes are of a calibre much inferior to that which they present in the adult, capillary bronchitis may give rise to the crepitant *râle;* whilst, in old people, in whom the pulmonary vesicles are considerably dilated, pneumonia is often accompanied by the *sub*-crepitant *rale.* The same phenomenon will be observed if pneumonia accompanies capillary bronchitis, or if the vesicular secretion is so abundant as to occupy the extremities of the bronchi. On account of these difficulties, it would therefore be prudent to found the diagnosis not only on the presence of the crepitation, but also on the combination of this phenomenon with the others.

C. The *sub-crepitant rale of pulmonary œdema,* compared to the crepitant *rale* properly so called, is constituted of larger bubbles, less regularly rounded, less equal one with another, more humid, less compressed together, and less numerous: it differs also from it in its seat; thus, while the crepitant *rale* of pneumonia occupies in general but one side, the *sub*-crepitant *rale* of pulmonary œdema is usually seated in the posterior and lower parts of both sides; moreover, if the œdema be passive, the *sub*-crepitant *rale* rapidly changes its seat, according to the position given to the patient. We shall, lastly, observe in œdema the absence of the local and general phenomena of pneumonia, and the existence of a general serous infiltration which very rarely accompanies pneumonia.

D. The *rale* depending *on continuous bubbles from pulmonary congestion* differs very remarkably from primitive crepitant *rale.* (I shall speak lower down of this congestion.)

E. We must not confound with primitive crepitant *rale* the peculiar species of crepitation which possesses a clear, distinct, as it were, metallic sound, more superficial than the ordinary crepitant *rale,* a crepitation which, according to M. Hirtz, only manifests itself when the tubercles are commencing to soften, and appears to be seated in the small cavities formed at the expense of this tuberculous matter.

F. Finally, some authors have believed that we might confound the proper crepitation with a very fine and dry *bruit de frottement* which sometimes accompanies pleurisy, attended by the formation of false membranes.

Thus we may admit, that when the primitive crepitant *rale* of pneumonia presents all the characters which we have laid down, it differs greatly from the other sonorous phenomena which offer some analogy with it; unfortunately this *rale* does not always preserve its normal characters; it is sometimes so modified and so much resembles the other vesicular *rales,* that it becomes impossible to distinguish it from them. Thus, instead of remaining very fine and slender, it becomes of a coarse nature, and thence has the greatest resemblance with the *sub*-crepitant *rale;* at other times the crepitations, instead of being fine, numerous, and compact, offer merely small *bruits* succeeding one another at certain intervals, at the same time that the respiratory *bruit* is undistinguishable. At other times, the crepitation, instead of being superficial and clear, is apparently deep or in the distance, and much less distinct, or else the crepitant bubbles are isolated and widely separated one from another in a region where bronchial respiration and resonance of the voice are heard, thus almost completely masking them. Lastly, when some alterations are combined together in the same lung, the crepitant *rale* becomes so degenerated as to be confused with the other vesicular *rales* of which I have spoken; we must then depend on other signs for the diagnosis in pneumonia. I have instanced, for example, some inflammations of the lung bordering more on bronchitis than on pure pneumonia. In these cases of catarrhal pneumonia, the lung sometimes becomes hepatized without our having heard the crepitant *rale;* but it has been replaced, in these instances, by the *sub*-crepitant *rale.*

3. Another circumstance which greatly diminishes the importance of the crepitant *rale* is, that it not unfrequently is wanting. We ought here to distinguish two very different cases; sometimes, in fact, the crepitant *rale* is wanting in ordinary respiration, but appears when the inspiration is very feeble, and still more frequently when it is very intense, as, for example, after coughing; on the other hand, there are individuals in whom the respiratory action is so weak, that the greatest attention and experience are required to discover the presence of crepitation; lastly, in some cases, this phenomenon is only momentary, and if one was not forewarned of these various circumstances, those precautions might be neglected which alone can render it appreciable. The crepitant *rale* may be wanting under various circumstances. If, for instance, the pneumonia be complicated with bronchitis, and if the viscous expectoration completely block up a bronchial tube, the air cannot penetrate into the corresponding portion of the lung, and an absolute silence succeeds to the *bruits* which were previously heard in this part; at the same time, the patient experiences a sudden dyspnœa of a more or less intense character, which ceases when the obstruction, momentarily closing the air passage, is expelled, and then gives place to the various *rales* which previously existed. In a complication of this kind, we must use the stethoscope repeatedly in the course of the day. The crepitant râle is also wanting when the inflammation is seated deeply in the organ, or when it affects only isolated or disseminated lobules, as in the *nippled* pneumonia of infants. Finally, the proper crepitation is almost always absent in the old man; at this age it is replaced by a sound conveying the idea of larger and especially more humid bubbles, which appear to be in relation with the size of the rarefied vesicles. Can pneumonia commence with the bronchial *souffle* without the crepitant *râle?* M. Raciborsky has observed two cases of this kind; towards the termination of the disease, the bronchial *souffle* gave place to the vesicular *bruit,* without any appearance of the crepitant *râle.* This author thinks such an anomaly might be explained by admitting a violent congestion of the air passages, a congestion which has produced a considerable thickening of their parietes, to such an extent that these walls touch one another, and obliterate the vesicular cavities.

Thus, the pneumonic crepitation, which we have been describing, exists in an immense majority of cases of pneumonia; it may almost always be with facility, distinguished from the other sonorous phenomena which bear a resemblance to it; its importance therefore as a diagnostic sign of pneumonia cannot be too much insisted on. With respect to the *sibilant,* the *sonorous,* the *mucous,* and the *sub-crepitant rales,* they are but of secondary consequence in the adult; they indicate simply a complication of bronchitis, but do not appear to have any direct relation with the proximity, the extent, or the progress of the pneumonia. We shall see that it is very different with children from two to five years. In them, pneumonia generally commences by bronchitis; and the sonorous phenomena, of which I have been speaking, announce the imminence of the inflammation of the pulmonary parenchyma.

IV. *Bronchial respiration.*—In the second and third stages of pneumonia, the pulmonary vesicles are no longer permeable, they are obliterated either by the tumefaction of their parietes, or the product of their secretion, thence giving rise to bronchial respiration and bronchophony. Morbid bronchial respiration, the ordinary characters of which it is not my intention to dwell on, since they are common to the second and third stages of pneumonia, as well as all lesions which render the lung impermeable, differs essentially from normal bronchial respiration. This latter is much less intense; it is seated only towards the root of the lung, in a much more limited space than is generally thought; it co-exists more especially with the period of expiration, allowing the inspiratory *bruit* to be heard in all its purity. Morbid bronchial respiration, on the other hand, is remarkable by its intensity being generally greater, its duration

more prolonged, its sound more marked, and also by its seat, which may correspond to all points of the chest, and which is rarely confined to the roots of the bronchi. Moreover, morbid bronchial respiration, as soon as it becomes slightly developed, is equally perceptible during inspiration and expiration. Another valuable character in the cases where this bronchial respiration is still but slightly marked, is, that the inspiratory *bruit* becomes remarkably hard and rough. The bronchial character appears at first in the expiration, and does not affect the inspiration till later; and in its disappearance, it ceases at first in the inspiration, and afterwards in the expiration. It is especially in chronic alterations of the lung that this successive process may be traced with facility; for, in acute diseases, particularly pneumonia, the inflammation runs too rapidly through its first stages to enable us easily to observe this succession; in these cases, the bronchial character most usually exists during both expiration and inspiration. Among the varietes of bronchial respiration, there is one which I have designated by the name of *bruit de taffetas*, and which, much less sonorous than the ordinary bronchial respiration, gives to the ear of the auscultator a sensation as of tearing a piece of taffeta. This phenomenon appears to depend on the induration of a superficial portion of the lung, of two or three lines in thickness. "In fact," says M. Grisolles, "when the outer surface only of the parenchyma is indurated, the air then penetrates into canals larger than the obstructed vesicles; but these superficial tubes being of a small size, the column of air which traverses them resounds much less than when arrested in the larger tubes, as where the hepatization affects the whole substance of one lobe."

V. *Bronchophony.*—Bronchophony ordinarily accompanies bronchial respiration, and, like it, depends on the impermeability of the pulmonary parenchyma; but we must remember that sometimes it is heard in the normal state, and also that it is not peculiar to pneumonia. In thin individuals with a slightly developed chest, and whose voice is strong and deep, there exists in the natural state, and especially behind, towards the angle of the scapula, a resonance of the voice resembling bronchophony, and even pectoriloquy; but we may with a little attention avoid mistake, as in the natural state it exists equally over the whole extent of the chest. This which is rare in the adult almost constantly exists in the infant; thus bronchophony can have no value in them, unless it be very marked. In the old man, resonance of the voice is not so constantly combined with the bronchial *souffle* as in the adult; the feebleness of the voice, natural to the former, will undoubtedly account greatly for the absence of this phenomenon. Besides, the voice in a great number of old men being naturally œgophonous, bronchophony, when it exists, takes the sound of œgophony. Bronchophony is not peculiar to pneumonia; we find it in certain cases of bronchial dilatation, and even in pleuritic effusion. Still it is true that bronchophony is ordinarily heard in pneumonia, whilst œgophony is much more rare; the contrary takes place in pleuritic effusion. "If," says Laënnec, "we should meet with a case in which the data furnished by percussion and auscultation should not enable us clearly to decide between peripneumonia and pleurisy, we should pronounce pleurisy to be, if not the only, at least the principal disease, should there be perfect œgophony and but little bronchophony; where, on the other hand, we find bronchophony strong and well marked, and but imperfect œgophony, we should diagnosticate a peripneumonia, with slight pleuritic effusion, and even without effusion, if the cracked sound of the voice only existed along the internal edge of the scapula, and did not extend somewhat further without bronchophony." Laënnec adds, that in the small number of cases, in which, after exploration, he had retained some incertitude as to the combination of the two diseases, the same doubt remained after the opening of the body, and some false membranes which covered the hepatized lung showed that the slightly bleating character, accompanying the bronchophony in the early stage of the disease, had most probably been owing to a slight pleuritic effusion which had been absorbed before death.

Bronchial respiration, and bronchophony, are sometimes common to hepatization and slight pleuritic effusion. A case of this kind was observed by M. Grisolles, in a woman who died of pleuro-pneumonia in both lungs. The middle and inferior lobes of the right lung were in a state of hepatization; the base of the organ for about two inches in height, was the only sound part, and was compressed by a sero-flocculent secretion. During life, the whole posterior part of the lung was perfectly dull on percussion, accompanied with bronchial respiration and bronchophony, presenting an equal resonance in every part; thus these signs had been considered as indicative of hepatization extending to the base of the organ.

How is the bronchophony dependent on pneumonia to be distinguished from that arising from other lesions of the respiratory apparatus? If the patient should be seen before the appearance of the bronchophony, we shall discover at first crepitation, either alone or mixed with bronchial respiration; if the bronchial respiration should be present at our first examination, we must discover whether crepitation does not exist in its immediate neighbourhood; for pneumonia, although arrived at the second stage in one point, almost invariably presents the first stage in others. Various local functional signs, the rusty expectoration in particular, as well as the general symptoms, will also aid us in our diagnosis.

VI. *Œgophony* is only heard in a few cases of pneumonia; thus, in twenty-one pleuro-pneumonias terminating favourably, which came under my care in 1829, œgophony existed in four cases only. But this does not prove that the pleura was unaffected in the others, for it has been ascertained (in the adult at least), that when pneumonia extends to the circumference of the lung, it is always followed by an inflammatory state of the pleura, characterized by the formation of false membranes and of adhesions. But I mean to say, that, in the above cases, the pleurisy was not attended by any remarkable effusion. The œgophony which sometimes accompanies pleuro-pneumonia without effusion differs essentially from that form of œgophony combined with an effusion in the pleura, inasmuch as the former is always heard in the same point, whatever position the patient may assume, whilst the latter shifts its place along with the fluid. I may also add, that œgophony usually disappears when the effusion becomes considerable, and that the dulness on percussion becomes more marked, whilst the bronchoœgophony, or œgophony combined with pneumonia, continues and even increases with the hepatization and the dulness of the thorax. Lastly, it is important to remember that there are individuals, old people in particular, in whom the natural resonance of the voice has the character of œgophony. To avoid all error, we should observe whether this resonance extends equally over the whole surface of the chest, and whether the voice, when heard at *a distance*, has the bleating character.

VII. *Autophony.*—There are cases in which the patient is unable to speak, (grave lesions of the larynx, cerebral congestion or apoplexy,) and others (extreme weakness) in which the voice can scarcely be said to exist, and in which it would be almost inhuman to compel the patient to speak, or even breathe rather strongly. In these various conditions in which we are deprived of the powerful resource furnished by bronchophony in the diagnosis of pneumonia, we may very probably derive some advantage from the following proceeding:—On applying the ear against the chest of a person whose lungs and pleuræ are perfectly sound, says M. Hourmann, if the concha of the ear rests evenly against the thorax, on speaking, the voice of the auscultator resounds, and is heard in a murmur, the quickly succeeding vibrations of which cause a sensible trembling to the ear. It is important in this mode of exploration that the ear should not be applied too closely against the thoracic parietes; the auscultator should also cause his voice to traverse as much as possible the nasal fossæ, and resound greatly in these cavities. To this new phenomenon of auscultation, M. Hourmann has proposed to give the names of *autophony*, and *autophonic resonance*. I shall not dwell much upon this species of exploration which has not yet been sufficiently studied; I shall merely say, that in autophony we may distinguish the clearness and intensity of the sound, and that this sound, by its variations, seems in an especial manner to form an indication of the morbid state of the lungs or of the pleuræ. Thus, in a case where a cavern existed in the lung, the autophony was very intense, and had manifestly the cavernous sound; in the second stage of a pneumonia occurring in the right lung, M. Hourmann perceived a marked resonance of the voice, whilst it was œgophonic in a case of pleuritic effusion. It thus seems that this artificial resonance of the voice of the auscultator has the same characters as that which is produced by the voice of the patient.

VIII. *Pectoriloquy.*—This sound is seldom heard in pneumonia, but under two conditions; when the hepatized parenchyma surrounds a dilated bronchus, a case of which M. Piorry met with in a woman at La Salpêtrière, who was 70 years of age, and when a cavern is formed from the evacuation of an abscess; we then also meet with cavernous respiration and *gargouillement*. The rapid development of these phenomena in the course of a pneumonia will serve to distinguish a cavern resulting from abscess from a tuberculous cavity.

IX. *Tubary cough.*—This usually exists in pulmonary hepatization. The same phenomenon is also present, it is true, when the lung is simply compressed by an effusion in the pleura; but then, as Laënnec has remarked, it only exists at the root of the lungs, while in hepatization, it is extended even into the bronchial divisions.

I shall conclude these remarks on the signs of pneumonia as furnished by auscultation, by the following table showing their frequency and their principal combinations:—In 125 pneumonias, we observed—the *sub*-crepitant *rale* in four cases of catarrhal pneumonia; the *sub*-crepitant *rale* in six cases of pneumonia with catarrh or emphysema; the crepitant *rale* in nineteen very slight cases of pneumonia; the crepitant *rale* with bronchial respiration in twenty-eight cases; the crepitant *rale* followed by bronchial respiration, which was developed after the admission of the patients in twelve cases; bronchial respiration with or without the crepitant *rale*, after the admission of the patients in thirty-three cases; bronchial respiration in eleven cases; sonorous *rale* in four cases. Auscultation did not furnish any information in eight cases, which were very slight, but still were characterised by pain and expectoration.

LECTURES ON CHEMISTRY.

By JOHN SCOFFERN, Esq., Lecturer on Chemistry at the Aldersgate School of Medicine.

THE phenomena of light already mentioned, have not required the assistance of any theory to render them intelligible; but before proceeding to the consideration of double refraction, polarization, &c., we had better investigate the respective claims of the theories of Huygens and Newton.

It was imagined by the former philosopher that light depended upon certain vibrations in a peculiar elastic and subtle agent, termed, for want of a better name, ether, just as sound results from vibrations in media of a more dense and tangible nature. At the time, however, when this theory was first mooted, optical science had made but little progress; and when our illustrious countryman, Newton, endeavoured to associate this theory with his own wonderful and brilliant deductions, he imagined it altogether incompetent to answer the end proposed. Subsequent investigations, however, have rendered it probable that the theory of Huygens, or the undulatory theory, as it is sometimes called, may, after all, be correct; for Newton's objections are known to be untenable, and phenomena have been developed since his day, which the corpuscular theory, as his has been termed, is by no means capable of solving.

Were we to follow implicitly the order of adoption, of course the undulatory theory should be first explained; but inasmuch as Newton's corpuscular theory is by far the most simple, and the most easily connected with all *common* optical phenomena, I prefer treating of it first.

Sir I. Newton then imagined light to be com-

posed of certain very minute corpuscles, of a material nature, and continually emanating from all luminous bodies with amazing velocity; these particles, by infringing on the delicate retina of the eye, were supposed to throw the optic nerve into a series of vibrations, and thus to produce vision. He imagined that there were particles of as many different sizes as there were colours—that those particles were not capable of permeating all bodies equally well—and hence the properties of transparency and opacity;—that they were unequally refracted, or bent when passed through transparent media—and hence the decomposition of white light by the triangular prism;—that they were not all susceptible of an equal degree of absorption by the same body—and hence the peculiar colour of different substances. Such, then, is an outline of Newton's theory, and so well does it agree with all the phenomena already mentioned, that the task of introducing another seems undesirable; and, indeed, we cannot apply the undulatory theory to the optical phenomena studied by Sir Isaac Newton, without a great deal of philosophic refinement and abstraction. The chief objection made by Newton to the undulatory theory was, that light, unlike sound, could not turn a corner; whereas this, said he, should be the case if light consisted of waves. Newton could not have selected an argument more fatal to his own theory; light *does* turn a corner, a fact which *cannot* be explained by the theory of corpuscles; whereas that of undulations affords a very easy solution. You are perhaps incredulous of the fact, that light does turn a corner; but nothing is more easy to be proved. Every one must have observed that the edges of a shadow are more illuminated than the central portions, which circumstance alone is all-conclusive, but there are other means (which I cannot now describe) of proving the same thing; indeed, there is a perfect analogy in this respect between the phenomena of light and those which are known to be dependent on waves or vibrations in elastic media.

Perhaps the most striking argument in favour of the undulatory theory is deduced from experiments connected with the interference of light, as the phenomenon is termed, which may be thus explained:—It is possible, by certain contrivances, to produce perfect darkness by the meeting of two beams of light, a fact which is totally inexplicable by the corpuscular theory, for double the quantity of corpuscles should give double the quantity of light; but on the supposition that light is produced by vibrations—that, in other words, it is not matter, but motion—the explanation is easy anough: two billiard-balls, for instance, rushing together in opposite directions with equal degrees of velocity, would stop each other, and two waves of water meeting under similar circumstances would sink to rest. Such, then, is an extreme case of the interference of light; but we can easily imagine instances in which only a portion of the luminous waves are annihilated, and then, instead of perfect darkness, the result would be colour of a nature dependent on the sizes of those waves which are not annihilated, for instead of assuming the existence of a different sized corpuscle for every colour of light, it is just as easy to assume as many different sizes of waves. I have already remarked that the colour of bodies usually depends on a varying amount of absorption, transmission, or reflection; but in many instances colour is dependent on a very different cause, namely, on interference. As an example of this, I may direct your notice to the beautiful play of colours observed on mother-of-pearl; these result from the decomposition of white light by the process of interference. The surface of this body, although apparently bearing a very high polish, is nevertheless found, when examined by the microscope, to be indented with a series of minute grooves; on the sides of these grooves, where white light impinges, it is reflected back, no longer white, but *coloured*. This is a *fact* which, according to the theory of undulations, may be thus explained:—The waves of three sizes corresponding to the three colours constituting white light, being constrained to vibrate in grooves of so small an extent, necessarily interrupt each other, and some being entirely annihilated, a colour results corresponding with the sum of the different sized waves which remain. This explanation seems to afford a perfectly rational explanation of the phenomenon, whereas the corpuscular theory affords no assistance whatsoever. That the phenomenon alluded to actually depends on some peculiarity of surface, may be proved by taking a cast of the shell in black sealing-wax, when the latter will also have acquired the property of reflecting colours.

You will very naturally ask what arguments we can find in favour of the existence of this ether, which, on being set in vibrations, is presumed to constitute light. Why, at the period when this theory was at first introduced, no arguments were offered at all, and even now we cannot adduce any of a very satisfactory nature. It seems, however, rather unphilosophical to imagine that the vast spaces which exist between the orbs of the universe are actual voids, perfect *vacua*. It seems inconsistent to assume the existence of gravitating forces acting between different orbs without the intervention of *something*; and this something once being acknowledged to exist, it must either be capable of assuming vibrations, or remain an exception to every other known substance in nature. Astronomers, moreover, inform us that the motion of heavenly bodies is always slower than theory indicates, consequently the existence of some impediment to their motion may be naturally assumed. These are the chief arguments in favour of the existence of this ether, and I own they are not so conclusive as one might wish; but we know it must necessarily be of a very subtle and attenuated nature, and in proportion to the degree of its attenuation, so must the difficulty increase of obtaining direct proofs of its existence.

Time does not warrant me in discussing more fully the merits of the undulatory theory, but had I not slightly developed its leading principles, the optical phenomena, which now remain for me to describe, would have been perfectly incomprehensible.

If colour really depends upon waves of various sizes, we can actually determine the measurement of each respectively. However paradoxical it may appear to speak of measuring the size of waves not quite determined to exist, the expression is nevertheless rational. If we place a convex glass lens on a piece of flat glass, it is evident that actual contact between the two can only occur at one point, and between the two glasses there will be comprehended a sheet of air, of variable thickness, gradually decreasing towards the centre, where, at the point of actual contact, it is reduced to 0_0. Now, on looking down upon the lens of air thus included, it will be seen to be tinged with various colours, each bearing a certain relation to the thickness of the plate of air. The degree of convexity of the glass lens being known, the thickness of the plate of air at any one point can be easily determined, and thus a correspondence is established between any particular colour and the thickness of the plate of air necessary to its existence. Now, supposing colour to depend on waves of any particular size; of course, by the experiment under consideration we are furnished with their measurement. Thus it has been calculated that the wave of extreme red is only the $\frac{1}{0.00000266}$th part of a linear inch in depth! And the wave of extreme violet only the $\frac{1}{0.0000167}$th part! Measurements so exceedingly refined and minute, that, did we not know on what unerring principles they are based, their accuracy might fairly be doubted. But this is not all; we may arrive at still more startling deductions. We can actually determine (supposing luminous waves really existed) the number of vibrations a wave producing any corresponding colour makes in a given time. This result is obtained by dividing the velocity of light per second, by the length of wave of any particular colour; an operation which I dare say you consider particularly abstruse, because it is applied to a very abstruse agent; but to prove to you what an extremely simple and matter-of-fact kind of calculation the one alluded to is, I have here drawn up a parallel case which shall be obvious to every one of you, merely because it is not so far removed from your ordinary associations.

PARALLEL CASES.

Light of whatever colour travels at the rate of 190 thousand miles per second.	A man travels at the rate of 60 yards per minute.
Length of waves of red light, = 0.0000266th part of an inch.	Length of the man's stride, $1\frac{1}{2}$ yard each.
Query.—How many vibrations does a wave of red light make per second?	*Query.*—How many strides does the man make per minute?
Formula for yielding a solution of query.	Formula, &c.
$\frac{\text{Velocity of light per second.}}{\text{Length of wave.}} =$ number of vibrations per second.	$\frac{\text{Velocity of man per minute.}}{\text{Length of stride.}} =$ number of strides per minute.
Or, 0.0000.266) 190.000.	Or, $1\frac{1}{2}$) 60.
Answer.—(458 millions of vibrations per second.	*Answer.*—(40 strides per minute.

Whatever may be the cause of light, whether dependent upon molecules, undulations, or otherwise, experiment teaches us that its phenomena range themselves in certain cycles or recurrences, every way analogous to those of sound; therefore acting under a peculiar analogy of ideas, which words are incapable of expressing, we are almost tempted to speak of octaves of light and colours of sound, and whilst we thus give full scope to the play of imagination, the necessity for adopting the undulatory theory becomes more and more apparent.

Admitting that light depends on etherine vibrations, we may indulge in some very interesting physiological inquiries. The sphere of intelligence possessed by some animals seems much more extended than that possessed by us; they seem on a first view to be endowed with other senses altogether different from our own; but instead of this, may not their perceptions be more acute? may etherial vibrations, not powerful enough to cause a sensation of light to us, be nevertheless cognisant to them? may not their ears be proportionably delicate in regard to the sonorous undulations of air?

With respect to sound, M. Savart has proved that bodies, either too slowly or too rapidly moving, are alike unproductive of sound to us; yet there may be creatures whose power of seeing and hearing ceases where ours begins, or commences where ours terminates; whose brightest sunshine may be our darkness; whose blackest night our day; whom our loudest thunders may not awake from their slumbers, and whose music may be our repose!

According to the undulatory theory, the rapidity of the vibration of a wave is presumed to be inversely to its size; with respect to sonorous vibrations this can be proved.

Notes of the organ	L. of pipe	No. of vibs. pr. sec	L. of wave	or $\frac{1120}{16}$
Lowest C	— 32 ft.	— 16	— 70 ft.	
C 1.	— 16	— 32	— 35	$\frac{1120}{32}$
C 2.	— 8	— 64	— 17.5	$\frac{1120}{64}$
C 3.	— 4	— 128	— 8.75	$\frac{1120}{128}$
C 4.	— 2	— 256	— 4.375	$\frac{1120}{256}$
C 5.	— 1	— 512	—2.1875	$\frac{1120}{512}$

We have now to examine two properties of light, which receive no elucidation whatever from the theory of molecules; I mean the properties of double refraction and polarization. It was noticed long ago that the substance called Iceland spar, which is carbonate of lime crystallized in rhomboëdrons, has the property of splitting a ray of light into two, except, indeed, when this ray happens to impinge in one particular direction. This phenomenon is called double refraction, and far from being peculiar to Iceland spar, is common to all crystals which do not belong to the cubic or tessular system, and would appear to depend on a determination in two directions of the vibrations which are presumed to constitute light. Crystals belonging to the rhomboidal and right square prismatic systems of Weiss, are only possessed of one axis in which a ray of light is not thus divided, and around which axis the forces holding together their molecules are presumed to be equally balanced

hence they are said to have one optic axis. Crystals belonging to the right rectangular, oblique rectangular, and doubly oblique rectangular systems, have two optic axes; and crystals belonging to the cubic or tessular system three—i. e., they do not doubly refract at all.

Each of the rays of light thus produced by double refraction is said to be polarized, that is to say, each ray appears to have acquired sides by passing through the spar, conveying the idea of flatness, of only being visible when viewed on side, and not on its edge. The corpuscular theory affords no explanation of this phenomenon whatever—the undulatory theory a very ready one, inasmuch as we may readily imagine common light as made up of two flat waves placed at right angles to each other, and which, when separated, would of course not be equally visible in all directions, being quite imperceptible when the eye was directed towards the sharp edge, and perfectly visible when looked at on the side. You will remember, then, that all doubly refracting bodies are also polarizing agents; but there are other means of polarization besides double refraction, all however producing, either directly or indirectly, a similar result—namely, a separation from each other of the two flat waves constituting ordinary light. But this, it must be confessed, is a subject rather foreign to chemistry, and therefore I am bound to desist.

EXPERIMENTS IN ANIMAL MAGNETISM.—MONOTONISM.

To the Editor of the 'Medical Times.'

Sir,—Will you have the goodness to accord the following communication a corner in your valuable periodical? I will confine myself as near as possible to a detail of a series of "monotonistical" experiments, tending to show that I and others have been premature in regard to the results of magnetism and monotonism.—I remain, Sir, your most obliged

J. L. Barrallier.

Milford, Feb. 12, 1842.

Experiments on Miss ——, No. 1, on Saturday Eve, February 12, 1842.

1. I rubbed a small-sized paint-brush over the forehead; in two minutes she became somnolent with as great rigidity of muscle as at any former experiment.

2. I rubbed the same brush over the back of the hand, the latter lying on the table. In this and the succeeding experiments, one minute only elapsed before the monotonistic state ensued, except a longer time be mentioned.

3. A small bottle containing ol. cinnam. was given her to smell at. She held the bottle herself; succeeded.

4. I stopped both ears with my index fingers; successful.

5. I took hold of her right thumb; successful.

6. She placed the back of her hand on a table; I touched the palm of the same hand at intervals of a second or less with my index finger; successful.

7. A small strip of lead was given her to hold with the thumb and index finger; successful.

8. A shilling was placed on the palm of the hand, the latter being extended; non-successful.

9. A piece of aurated lead was similarly placed; successful.

10. A half sovereign in the same way; successful.

11. The shilling again repeated; successful in *three minutes.*

12. Requested to sit still and only close the eyes; successful.

13. Requested to sit still, extend the hand, and keep both eyes open, and refrain from keeping them fixed in any one position; successful.

Experiments on M. T——, No. 2, who had been only twice "monotonised," but hitherto could not be "magnetised."

1. I made "mesmeric" passes close to the face for five minutes; unsuccessful.

2. Rubbed the paint-brush over the forehead; unsuccessful.

3. Gave her the oil of cinnam. to smell at; unsuccessful.

4. Requested her to fix both eyes on the ceiling, according to Mr. Braid's directions; monotonised in two minutes.

5. After having been monotonised three times, she was affected in one minute or less, by all the experiments as severally tried on No. 1.

Experiments on J. T——, No. 3. She had neither been "magnetised" nor "monotonised" since the 22nd of last December.

1. She was requested to sit down and extend one hand, but not to look at it; to resist as far as she could, and keep both eyes in motion; in one minute she was affected.

2. No. 2 was magnetised. No. 3 took hold of her hand and she became affected.

3. All the experiments tried on No. 1 were successfully repeated on No. 3. In fact, she became affected on my making "mesmeric" passes before any of the other two.

Miss ——, No. 1, had not read or been told the results of Mr. Catlow's experiments, and ridiculed the idea of being affected by the application of the paint-brush, or smelling at the ol. cinnamon., and felt assured that experiments Nos. 7, 8, 11, and especially 12 and 13, could not possibly produce any effect.

Nos. 2 and 3 were two female domestic servants, sisters, and were ignorant even as to the possibility of being affected in any way, as well as what that effect might be, on the first attempt to monotonise or magnetise either.

The experiments on No. 2 show that in the first instance she could not be "magnetised" until she had been several times monotonised, as well as that she could not be affected by acting on the four senses until the latter process had been repeated several times The finalé proves, that after "monotonism" has been produced a sufficient number of times, that magnetic passes, acting on the *five* senses, including lollipop-sucking, are one and all, if not humbug, assuredly most perfectly useless, and satisfactorily to *me* explains M. Lafontaine's assertion, that the chair on which one of his magnetised patients had been occupying for an hour or thereabouts, would, on the patient being demesmerised, become affected by again resuming the same chair. I am mistaken if the above experiments will not throw a little light as to the way in which Dr. Elliotson was imposed upon by two imbecile, though designing girls.

Mr. Catlow did not give Mr. Braid credit. Credit for what? Can Mr. Catlow for one moment be serious in asserting that he has devoted his entire life to the development of certain facts? Does he believe that his experiments are independent of those discovered by Mr. Braid? Can he for one moment believe that his experiments were the result of sticking his fingers in Tony Green's ears? Had the scent been applied to Tony's *ears* instead of his nose, the same effects would have been produced; when, in fact, after the susceptibility has been fairly developed by "monotonism," according to Mr. Braid's plan, the same state, the same insensibility to pain, stimulants, &c., accompanied with more muscular rigidity, is produced, apparently without any obvious cause, if we except that of telling the individual to become "monotonised." The increased susceptibility and greater muscular rigidity is attributable to the subjects being so often affected.

The foregoing will explain my former assertion, true to a certain extent, that a fixed stare is not necessary to produce rapid effects. The first attempts to "monotonise" are with difficulty produced if the patient cannot attend to the simple directions of Mr. Braid.

The soporific machine will now be estimated at its proper value. The thanks of the profession and something more are due to Mr. Braid for disclosing his ingenious discoveries to the profession without any soporific reserve. The value of Mr. Catlow's discoveries may be estimated, inasmuch as all his subjects had first either been "monotonised" by the cork, or magnetised by Lafontaine. I hope Mr. Braid will confirm my experiments, as his own female cook appears a very eligible subject. In fact, all that I have stated has been confirmed by Mr. Braid's experiment on his man-servant, who became monotonised when his eyes were bandaged. That fact did not strike me until after my sixth experiment on my deaf mute patient. I attributed that to the effects of the imagination, which further experiments has rather confused than strengthened.

WOUNDS.

By W. T. Kay, Esq., M.E S.L, &c.

(Continued from page 220.)

OF AMPUTATION IN GUNSHOT WOUNDS.

If *partial* fractures, however, be excluded, and those injuries which only secondarily involve the integrity of the articulations, (both less fatal classes of injuries), and in the 235 amounting to 55, we find 1 in 1.5 was the combined unfavourable result of the gravest character of injuries, or two-thirds; 1 in 2.4 losing their lives, between one-half and one-third; and 1 in 4.2 their limbs only; a fourth, therefore, crippled. Still the mortality is considerably less than one-half; and the fourth crippled are free from the permanently diseased state of a shattered limb, which remains not only useless in a locomotive sense, but hurtful to the patient's health.

Thus, in reference to Bilgner's experiment, the worst result where amputation was performed in a large proportion of the worst cases, and many performed under most unfavourable circumstances, *is a considerable saving of life;* and no greater proportion of "maimed" results, all are in a *better* state by the removal of the limbs, than if they had been allowed to retain them, and survived; while one-third instead of one-fourth are returned cured to their occupations. I (Mr. Alcock) have taken here, I believe, as unfavourable a series as well could be selected to compare with Bilgner's series: the result, therefore, is the more conclusive and striking. If the thirty-four cases of death under treatment had been amputated at an early period, at a very low average, more than one-half would have been saved, thus adding from eighteen to twenty to the forty-two saved with loss of limb, reducing the actual loss of life from seventy-three to fifty-three, or one in 3.4, between *one-third and one-fourth;* the maimed without disease to sixty-two, or one in 2.7, between *one-half and one-third.* The cured retaining useful limbs remaining as before, *one-third.* If the cases treated in one of the hospitals under my charge during a period of thirteen months, (the series comprising complete fractures with lacerated wounds, and nearly one-third of which were injuries involving large articulations), to the exclusion of partial fractures and cases where the joints were only secondarily involved, be analysed, (see Tables I. and II.), it will be found that 100 cases remained, and were treated to the end, after the whole series of 180 had been weeded, as it were, by forty-three primary amputations, and thirty-seven (generally of the worst cases) had also been eliminated from the 137 at first submitted to treatment by secondary, or at least subsequent amputations, thirty-four still died of the 100, giving a mortality of one in three.

This seems to be as favourable a view, therefore, as can be taken of the result of these injuries when treated; and if amputation be not resorted to, rarely less than half will perish, and while from a *third to a fourth* may be cured and retain useful limbs, the remainder with *useless and crippled limbs,* and shattered health, will be left to drag on a very painful residue of life; the maimed limb, unlike a healthy stump, proving a pregnant source of future disease and discomfort.

In conclusion, then, it seems by such evidence as can be obtained, that the mortality of complicated injuries of the extremities, whether in civil or military life, if treated, is rarely likely to be less than one-half, when upper and lower extremities are in about equal proportion, and not more than one-third are joint cases. In addition to this, a considerable number preserve only shattered and useless limbs; the loss of useful limbs and of life taken together, cannot be estimated at less than two-thirds of the whole number treated. If the average were applied to the upper extremity alone, the deaths would probably be one in seven or eight only; but if to the lower, as much as one in 1.7;

and thus varying according to the modifying conditions already applied to the series of 100 cases.

The result of not amputating, is to alter the proportion of dead to the crippled, increasing the former, and by the same number diminishing the latter, in addition to which, the maimed are left more or less suffering for life by the limbs retained, in addition to the total loss of the use of the limb.

Until surgeons will thus classify their cases, no correct average can be stated; that which is correct of one combination of these leading distinctions, is utterly incorrect if applied to another, and a different classification.

The following tables will show the average of 100 cases:—

TABLE I.

No. of Cases	Deaths	Mortality	Upper Extremity			Lower Extremity		
			No. of Cases	Deaths	Proportion	No. of Cases	Deaths	Proportion
30 Injuries to Joints, with Fracture....	18	1 in 1.6	13	3	1 in 4.3	17	15	1 in 1.1
70 Compound Fractures not involving Joints	16	— 4.3	39	4	— 9.7	31	12	— 2.5
100	34	1 in 2.9	52	7	— 7.4	48	27	— 1.7

TABLE II.

	Site.	No. of Cases	Deaths	Mortality	Total Mortality
Injuries involving Joints, doubtful or unfavourable cases for treatment — *external circumstances favourable*.....	Upper Extremity	6	1	1 in 6.	2.2
	Lower do.	5	4	— 1.2	
Compound Fractures not involving Joints—similar injuries to the above, with this distinction only, and treated under similar circumstances .	Upper do.	2	2*	— 1	3.0
	Lower do.	4	0	0 in 4	
Joint Cases—similar character, but treated under *unfavourable circumstances*	Upper do.	7	2	— 3.5	1.4
	Lower do.	12	11	— 1.0	
Fractures—ditto	Upper do.	6	2	— 3.0	1.5
	Lower do.	12	10	— 1.2	
Compound Fractures — favourable cases† treated under *favourable circumstances*..	Upper do.	16	0	0 in 16	0 in 18.
	Lower do.	2	—	0 in 2	
Similar Class of Cases treated under *unfavourable circumstances*	Upper do.	17	0	0 in 17	14.
	Lower do.	11	2	1 in 5.5	
		100	34	Upper Extr. 1 in 7.7 Lower Extr. 1 in 1.7	1 in 2.9

* Both with complicating wounds of chest.

† Under the denomination of *favourable cases for treatment*, none of the compound fractures of the *femur* are included, such cases never *being favourable*; and so of lacerated wounds into joints with fracture of bones. The *favourable cases*, therefore, are exclusive of *fractures involving joints*, and of *compound fractures* of FEMUR, the two most fatal classes of injury.

These few figures express and embody very important results. The mortality in 100 cases of complicated injuries of the extremities, according to the usual mode of stating it, is one in 2.9, or say *one-third* of the whole number treated. This summary shows at a glance that these important conditions, viz., the nature of the wound, the site, and the external circumstances under which the cases are treated, exercise a decided influence; it also furnishes the means of determining the proportionate amount of influence of each of these conditions upon the mortality.

I purpose in the next place bringing before the readers of this journal, the *Mortality of Amputations in Military Hospitals*, abstracted from the published 'Summary of Results on the Nature, Progress, and Treatment of Complicated Injuries of the Extremities, &c. &c. By Rutherford Alcock, Esq., K.C.T., &c., &c.'

[To be continued.]

PRUSSIC ACID.

By C. WATKINS, Esq.

THERE are two points of inquiry connected with the action of hydrocyanic acid, which are interesting more particularly in a medico-legal point of view, namely, the time at which the poison begins to operate, and the period in which it proves fatal; no absolute answer can be given to either of these questions, since the strength and quantity of the acid exhibited, and peculiarities (not known or understood), affect the result. Very strong acid in large doses begins to operate immediately on touching the throat, and death is almost instantaneous. The dilute acid, on the other hand, varies in its effects from one minute or less to nearly half an hour. In seven epileptic patients killed in one of the Parisian hospitals by hydrocyanic acid, some did not die for forty-five minutes.

Morbid appearances.—The post-mortem appearances in cases of poisoning by this acid are the following:—Glistening and staring expression of the eyes, which, however, is not a constant phenomenon, since it was not observed in the seven Parisian epileptics, nor is it peculiar to this poison, for the same is observed after death by carbonic acid; and in other cases, the odour of the acid is oftentimes very obvious in the blood, brain, chest, or stomach; the venous system is usually gorged with blood, while the arteries are empty; the blood is in many cases fluid, dark or bluish black, and viscid or oily; the vessels of the brain and spinal marrow are frequently gorged with blood, and the cerebral ventricles sometimes contain a serous or sanguineous liquor; the lungs are in some instances natural, in others tinged with blood; the internal lining membrane of the stomach is sometimes red. It has been stated by Majendie, that after death by the strong acid, the muscles are not sensible to the galvanic influence. But this condition is very rarely present.

Dr. Christison states that he has occasionally found it. Dr. Pereira says, "I have examined a considerable number of animals (principally rabbits) destroyed by hydrocyanic acid, and have always found the muscles to be powerfully affected by the galvanic influence, nor have I met with a single case in which the heart had ceased to beat when the chest had been laid open immediately after death."

Modus operandi, local action.—Dr. Christison mentions,* that Robriquet's fingers became affected with numbness, which lasted several days, in consequence of their exposure for some time to the vapour of this acid. This effect would seem to depend on the local action of the poison on the nerves, a mode of operation which we are constrained to admit in the cure of some other narcotics: some of the local effects produced by the acid are those of an irritant; such are the acrid impressions made by the vapour on the nose and the mouth, the ptyalism, the vomiting and purging, and redness of the mucous membrane of the stomach. In many cases the operation of hydrocyanic acid on the system is so rapid, and death so speedily follows the application of the poison, that we cannot satisfactorily account for the effects by the slow process of absorption, and hence many persons have been constrained to admit the agency of the nerves. The principal arguments that have been adduced in favour of the agency of absorption are the following: First, that the acid produces no remote effects when applied either to the nerves or brain. I think this has been satisfactorily proved by experiments made on animals, in which the nerve of one of the legs has been carefully dissected, and the other parts removed, so that the only connection that existed between the other part of the leg was through the medium of the nerve, the poison being applied, there was no effect produced on the animal; as to the effect on the brain, I think that may also be proved by an experiment mentioned by Müller in his Physiology, in which a portion of the skull of a horse was removed by a trephine, and the strong acid being applied to the brain, no effect was produced. Secondly, that applied to the tongue, or stomach, it operates as an energetic poison, although the nerves of these parts were previously divided. Thirdly, that if the acid be applied to a part where the circulation is arrested, the operation of the poison is prevented. Fourthly, the activity of the acid is in proportion to the absorbing powers of the part to which it is applied. I have stated that we cannot satisfactorily account for the sudden effects of the acid by the slow process of absorption.

* Treatise on Poisons, 3rd edition, p. 633.

The Tests.—There are *four important* tests for prussic acid; these are, its *odour*, *salts of copper*, *salts of the peroxide of iron*, and *nitrate of silver*. *First*, the odour is very peculiar, and resembles the scent inhaled from the peach blossoms. *Second*, sulphate of copper, rendered slightly alkaline, throws down a greenish precipitate; that is to be treated with a little muriatic acid, to take up some of the oxide of copper thrown down by the potash, and a whiteish precipitate is obtained, the cyanide of copper. *Third*, with the mixed salts of the protoxide and peroxide of iron, it throws down the beautiful pigment, prussian blue. *Fourth*, nitrate of silver throws down a white precipitate, the cyanuret of silver.—Suppose a practitioner is called to examine the body of a person who has been poisoned, or supposed to have been, by prussic acid. The stomach is first to be examined entire, to ascertain whether the peculiar odour of that acid is perceptible, after that it is to be cut in pieces under distilled water slightly acidulated with sulphuric acid, and a portion of it distilled with an equivalent portion of water until one-eighth of the liquid has passed into the receiver. The liquid is to be rendered slightly alkaline with potassa, then a few drops of a solution of copper are to be added to a small portion of it, and afterwards a sufficient quantity of hydrochloric acid to redissolve the excess of the oxide of copper; the liquid will appear more or less milky according to the quantity of prussic acid present. This test will detect $\frac{1}{20,000}$ of hydrocyanic acid in solution in water. The presence of the acid in the stomach may be thus detected two or three days after death, but after that period its volatility dissipates it, and it is also decomposed.

The antidotes.—The most important agents in the treatment of poisoning by prussic acid, as well as by the substances that contain it, are chlorine, ammonia, cold effusion, and artificial respiration. I have been informed by a gentleman, that a rabbit (after having been poisoned by the acid) recovered a quarter of an hour after apparent death, by a violent shock from a galvanic battery.

Chlorine is stated to be the most powerful of antitodes. If chlorine water be at hand, this should be given in doses of one or two teaspoonsful properly diluted with water. In absence of this, weak solutions of the chlorine of lime, or the chloride of soda may be administered. The patient should be allowed to inhale very

cautiously air impregnated with chlorine gas. Enemata containing chlorine water, or a solution of chloride of lime, should be employed.

Ammonia.—If the patient be able to swallow, the liquor ammoniæ, diluted with eight or ten parts of water, should be exhibited, and the vapour of ammonia or its carbonate inhaled: the latter practice is most important, and should not be omitted. Orfila states that ammonia is of no use when introduced into the stomach, but that the inhalation of the vapour will sometimes preserve life. Ammonia cannot be useful as an antidote by its chemical properties only, since hydrocyanite of ammonia is a powerful poison.—*Cold effusion:* I have tried cold effusion down the spinal column with the most favourable results, and have succeeded in recovering animals a quarter of an hour after apparent death. A case has been related to me by a gentleman, in which he states that he once recovered a cat by the cold effusion half an hour after apparent death. But I think this must be a very rare occurrence, as it is impossible to restore life after the heart's action has entirely ceased. The mode in which I employ it is this: I take the animal and place it under the cock of a cistern, so that I may have a powerful stream of water, and let the water rush upon the back, at the same time moving the animal backwards and forwards. And I think this method to be preferable to either chlorine or ammonia, as I have never seen any beneficial results from the employment of either, after a lapse of five minutes.—*Artificial respiration* ought never to be omitted: "Of its efficacy (says Pereira) I am convinced from repeated experiments on animals. I once recovered a rabbit by this means only, after the animal was apparently dead."*

TO CORRESPONDENTS.

Mr. H.—*We have been favoured by a correspondent with the Lincoln Union's advertisement for a Medical Officer.—"Wanted, a Medical Officer to take charge of part of the North District, comprising the several parishes of Cainby, Cammeringham, Falldingworth, Friesthorpe, Frisby West, Frisby East, Hackthorne, Cold Hanworth, Ingham, Normanby, Ormby, Lumford, Spridlington, and Saxby. (Fourteen parishes!) The contract must include all necessary attendances, appliances,* medicines, midwifery cases, *vaccination, &c., which are requisite for all pauper cases of sickness, surgery, &c. &c., occurring within the said several parishes, whether belonging to such parish or otherwise. Trusses only to be excepted. Salary £25 per annum!—By order, Robt. Cooke, Clerk to the Board of Guardians." We trust we shall be furnished with the name of any professional scoundrel who may dare to offer himself as candidate for the above lucrative post. The wholesale price of the drugs would amount to more than the year's* wages. *The Guardians clearly want a homicidal surgeon. It is earnestly to be hoped that they will get him—for their own attendance.*

W. S.—*We have learned from a most respectable source, that our correspondent who furnished us with the useful hints as to the early habits and singular surgical doings of Davis, the non-qualified gentleman under whose mismanagement a poor woman in labour perished, was not correct in his reference to one of the medical witnesses at the trial, Mr. Turley. We are quite sure that our worthy correspondent's error was entertained* puro corde, *and we express deep regret that our anxiety to stigmatise whatever tends to debase a noble profession, should for once have mistaken its object.*

Mr. H., Dr. G. H., Mr. B. J. R., Victor, A Student of Guy's, Medicus, An Old Reader, *respectfully declined. Some of the hints will not be overlooked.*

* Pereira's Elements of Materia Medica, vol. i., page 250.

'A Dissenter in Medicine' will weary, if he does not beat us out of the argument.

THE MEDICAL TIMES.

SATURDAY, FEBRUARY 26, 1842.

——— Scelera ipsa, nefasque
(Hâc mercede) placent!

THE guardians of the Lincoln Union, in want of a Medical Officer for *fourteen* parishes, have advertised for tenders which are to extend to "all necessary attendances, appliances, *medicines, midwifery cases,* vaccination, &c., which are requisite for all pauper cases of sickness, surgery, &c. &c., occurring within the said several parishes, whether belonging to such parishes or *otherwise;*" and they have fixed for the successful candidate so tendering, the annual *remuneration* of twenty-five pounds.

There is doubtless in this, as in most other startling attempts at great injustice, much that is ludicrous; but we confess that all our feelings, when reflecting over the circumstance, full as it is of significancy, resolve themselves into deepest sadness and bitterest disappointment. In the thought that such a proposal could have been deliberately resolved on, and voluntarily given to the full glare of day, by a body of Englishmen, invested with almost judicial functions in behalf of the poor—we forget all that is merely anomalous, and all that is minor, and remember only that with these beings we share a common country, and a common humanity. Good God! what must be the fate of the powerless poor under men who can openly deal thus with the educated gentlemen—at the worst their own equals—whom misfortune condemns to seek parochial employment!

In making into the character of the Lincoln Guardians the inquiries which their present proceeding so naturally prompted, we find that they have long enjoyed, and long deserve to enjoy, the bad distinction of being the most iron-nerved and merciless guardians that any union has yet been cursed with. They were the first board which, on the passing of the Poor-Law Amendment Act, advertised for the lowest priced medical contractor for the attendance of their poor. The sixteen gentlemen who had previously the charge of the forty parishes forming the union, were content to continue their services at the very moderate repayment they had previously received—a repayment which, making in the aggregate about £350 a year, was less than 3d. per head on the population. Nay, when an offer to this effect was rejected, twelve of the *more* (perhaps *too*) conciliatory practitioners actually met together, and in their anxiety to save the profession from the degradation, and the poor parishioners with whom they had been so long in friendly intercourse from the mischief threatened by the introduction of the tender system, agreed to offer the guardians to perform the whole duty of the forty parishes for £300 per annum. The conduct, indeed, of the medical men during the whole affair, so entirely left the guardians without a plea for their resort to *the tender system*, that Mr. Gulson, the Assistant Poor-Law Commissioner, a man for ever stained for the unscrupulousness which marked all his efforts to make the abasement of the profession a means of securing the success of his employers one sole recognised principle—economy,—was so convinced of its palpably *imprudent* injustice, that he has taken no small pains since to support his character for capacity, by publishing everywhere that the step was taken in entire opposition to his frequently expressed opinions. But what was the result? A Mr. Sheriff, whom nobody knew, was intrusted with the entire charge of the forty parishes. The poor distrusting him—they instinctively felt their danger—died without medical attendance rather than rely on a man who, the low-priced tool of saving guardians, looked to them more like a hired *bravo* than a medical attendant. The actual inmates of the workhouse, indeed, were differently placed, they were under compulsion; but out of the sick outdoor paupers for forty large parishes, six whole weeks was he without having a single patient; and for the lapse of the twelve subsequent months, he himself, anxious as he was to hide his disgrace, could dare to claim but fifteen applicants! There was wisdom in the poor people's fears. Of those sentenced to his attendance in the workhouse, the mortality for his year, 1837, was 14 per cent. Banished by the conscious degradation of his position, and contempt of his neighbours in 1838, the former practitioners succeeded to their old charge for awhile, and in 1839, their year, the mortality was a fraction more than 8 per cent!

But here let us mark another instance of the justice and truly honourable feeling of the Guardians. Just before the departure of Sheriff, they were allowing him, and the three or four persons whom they found it necessary to appoint to his assistance, £270 per annum. They now installed the old practitioners in his place, and reduced the aggregate payment to £240! The saving of paupers' lives entailed on the parish increased expense, and the Guardians, we presume, felt it their duty to deduct the amount from those who, by the exercise of superfluous medical skill, were clearly the authors of the mischief! The fact is singular, and is worth being widely published—if all medical men were Sheriffs, guardians could afford them larger salaries!

But this is not all. The Guardians' "crowning mercy" for the profession remained yet behind. After practically confessing that even an unknown stranger was entitled to £270—and they must have possessed some assurance to offer anything so paltry for duties so onerous—they come forward now—at a time when the

world is expecting, and is resolved on some improvement in such matters—and raking up with their advertisements every dark hole and corner in the empire where misfortune and crime have been accustomed to retire for a shelter or a hiding-place, are seeking, at the hour we write, to find a man who will undertake the charge, by contract, of fourteen parishes, furnishing medical attendance, and everything connected with it, (except trusses!) at twenty-five pounds a year!

We recollect hearing a mountebank at a country fair confess to a bad habit he had fallen into of giving away his wares and living by the loss. The Guardians, if they have no worse thought, must surely have speculated on finding a surgeon acting on similar principles. The wholesale cost of the drugs, which accurate calculations show, would be required in such a service, would double, treble the whole salary. The Rev. C. Oxenden, an unexceptionable testimony, gives in his statistical report of provincial hospitals, the returns from 27 hospitals, treating 90,000 patients, and clearly shows that the average cost per case for drugs and leeches *alone*, is two shillings and fivepence halfpenny. In St. George's Hospital, the cost in 1834, for drugs and the other adjuncts to medical attendance, averaged five shillings and twopence half-penny per case; and Mr. Farr, who has given this subject especial attention, declares, that according to the result of a careful examination of all the returns given in, medicines, leeches, bottles, bandages, and medical appliances of every kind, would amount to 5s. per case; and that, with the greatest economy, *applying Mr. Chadwick's diabetic principles to the materia medica*, the cost of drugs for medical cases of twenty-three days' duration, cannot be fixed at a lower sum than 2s. 6d.; and he adds, that at this sum the medicines must be of a different kind and quality from those customarily administered to the rich. Now, taking this extremely low sum, 2s. 6d. per case, and supposing the new medical man to have but 200 cases annually—and it is not too much to say that one of his fourteen parishes may probably furnish him with as many—we have the whole £25 consumed in drugs alone. How he is to support himself, feed his horse, keep open his house, we know not, save on the mountebank's principle—out of his losses, which, to own a truth, promise to be large enough for any purpose.

But who does not see—let us ask in all earnestness—that the wholesale homicide of the poor is at the bottom of this nefarious proceeding of the Lincoln Guardians? They have carefully closed every avenue by which an honourable man can enter on the medical charge of the advertised parishes. They have placed themselves in a position in which the very fact of entering into a negotiation with them argues in the delinquent an utter want of gentlemanly principle and manly feeling. We would not trust the care of one of our coach-horses to such a man. They have left no inducement to any honourable—they have left none to any honest practitioner; and to the scoundrel they have left no other inducement but a gain which, extracted out of a salary of £25 for such a charge, is but another word for passive murder of the poor. We would like to know the man who dares to close with the Guardians' proposal; whosoever he be, we tell him, if not a lunatic, he is branded in heart the worst character the earth bears; and we add further—wishing our words to go wherever there is an honest heart to re-echo them—that the *Guardians* of the *poor* who exposed him to such a temptation, and gave him such an opportunity, are not guiltless of blood.

Justum et tenacem propositi virum!

It is with no small personal difficulty that we can persuade ourselvs to the disgusting work of dealing out another well-earned punishment on the shoulders of the journal which society has agreed to call the "Scavenger." The castigation will not probably be without its use to the recipient—if we may judge for the past—nor without amusement, it may be, to the by-standers—but it exposes us during its infliction to a proximity so redolent of noisome odours, that nothing but the strongest sense of public duty could render the hated work supportable for an instant.

Mr. Wakley's scribe, after some very creditable exertions to aid in establishing the Medical Students' Association, has suddenly taken a turn round, and in his last number has perpetrated what the Secretaries of the Society courteously call a remarkably incorrect statement—but which truth denounces as one of the most vulgar, lying, slanderous, and *unprincipled* attacks that ever stained a public journal,—written with the clear object of destroying the very body which a short time since he professed to be so anxious to bring into existence.

The first *fact* it announces, viz., that *several* of the leading members have seceded, is the first falsehood. *Several* such gentlemen have not seceded. Dr. Quain did not, it is true, attend the second meeting, but he has not notified his secession, and if he had, *he* could not be considered a member. *Two* gentlemen, members, did not attend, but no *secession* has been notified by them—no secession will be noted by them, for they are still the staunch friends of the Association; but if they had seceded, *two* would not have been *several*. We know that two gentlemen have ceased to give their attendance who had embarked heart and soul in the cause. Why? Mr. Wakley's man pretends to tell us in the following *elegant* language:—"Having already witnessed signs of indiscretion, which as they think are characteristic of a want of judgment," (note that *signs* of *indiscretion* are, as they t hink, *characteristics* of—the same thing!) "They consider that such unfortunate *indications*" (*signs*, *characteristics*, and *indications* in one short line!) "are only the *precursors* of still more glaring *defects*, and *have* therefore sounded the retreat before they *had* become the *victims* of bad tact *and* defective management." An honest writer, who really took a disinterested concern in the Association, would have mourned that "*several*, *leading*, *senior* students" should have been mad enough to secede from a most useful society, because they witnessed signs of indiscretion from those who, according to the scribe, must be the *few*, the *lead*, the *junior* students. Were not such "signs of indiscretions"—such "characteristics of bad judgment"—and such "unfortunate indications and precursors of defects"—were not such enormities or trifles the very reason why these prudent, cool-judging, *leading*, *senior* students should have remained? "In an Areopagus of Solons, a Solon may be spared," but where "signs of discretion characteristic of presence of judgment" are wanting, a Solon, to be honest, must stay. But the horney-handed gentleman may tell us that they would have been overpowered, and "become the victims of bad tact?" So then the bad tact of the *non-leading members* would beat the good tact of the leading! The wise politicians who seceded, we must also recollect, were *several*, they were leading *senior* students—nay, so essential to the Association, that the *Lancet* tells us, "it *fears* (FEARS!) their secession will be fatal to the present scheme!" But conceding that reason and experience should have no influence with medical students, a preposterous supposition, ought not the journalist to have told the seceders to wait at least till the "signs of indiscretion," &c., which threatened to make them "victims" and "give birth to an enormous amount of injury to the students themselves," should develope themselves somewhat more clearly? It certainly is a rather singular circumstance, that in the absence of these several leading senior students, we should have the "enormous injury" makers agreeing in a resolution duly forwarded to the *Lancet* for publication in its last number, but conveniently left unnoticed, that their objects in thus uniting were—

1st. To form a bond of union between the Students of all the Medical Schools of this metropolis, and thus to destroy that jealousy which at present exists between them.

2nd. To afford an opportunity for scientific debate, and thus give an impetus to the studies of the Students, by inducing them to examine among themselves the theories their professors are constantly bringing before them.

3rd. To give the Students the power of putting themselves in communication, either by petition or otherwise, with the corporate bodies, &c., when such a course shall be deemed fit, it being well understood that petitioning is the chief source, upon which rely the *hopes* of the Association for the improvement of the *present system of education*.

A senate of statesmen could have agreed to nothing more sensible—every word is a word of conciliation and prudence. Yet

this is the resolution that Mr. Wakley's subaltern would not publish. Why? It would have exposed a column of falsehood. But the secret of this inconsistent attack? The Secretaries of the Association tell us that they cannot conceive the motive of the writer. We can. Mr. Wakley, though feeling that his open connexion with the Society would be the signal for its abandonment by the public, wished to have it, in secret at least, as much his cats-paw as for some time was the British Medical Association. The independent spirit of the Students had spoken out at the first intimation of such a design—and taught him that no such thought could be realized. Hence, Mr. Wakley, acting on his customary rule of condemning everything as bad for the public which is not useful to him, attacks now with all his force that Association which he supported as good for the public, while it promised a chance of serviceableness to him.

Repeating that there has not been a secession of even a *few* of the senior students—that there has been no instances shown of indiscretion—that the leaders are not thoughtless or unscrupulous—that so far from "an enormous amount of injury" being likely to grow out of the Association, it never when most extolled in the *Lancet* promised such fair fruits—nor with such likelihood of actually producing them; that, in short, the falsehoods of Mr. Wakley's scribe were never equalled by anything, save perhaps the bad English in which the critic gives them: we end by inserting one short, and to us, we confess, amusing specimen of the writer's mode of handling our mother tongue:—

"Instead of proving of utility, under such circumstances the Association might become a fatal curse to the students, *prove an obstacle to their progress, and ultimately effect their ruin!* No society that was ever projected required *more care, more cool and deliberate judgment*, OR *the exercise* [the same thing as third time] *of a calmer discretion*, than an Association of Medical Students, formed out of *elements selected* from all the schools, and *thus* COMMINGLING IN ONE BODY the peculiar *views, feelings*, and *opinions*, which are to be found."

STUDENTS' ASSOCIATION.

SIR,—We beg to avail ourselves of your valuable periodical, to contradict, in the most decided manner, the whole statement of the Lancet of last week, in reference to the British Medical Students' Association. We are at a loss to conceive what could have been the motive for an attack so singular, grounded on statements so remarkably incorrect.—We are, Sir,

THE SECRETARIES
of the British Medical Students' Association.

[The Secretaries have verified their communication by their signatures.—ED.]

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members, on Friday, February 18th, 1842:—

Charles Linton Alexander; Robert Newton Hayward; John Denny; Edmund Rice; Christopher Barker Smith; George Thompson Cooper; Lawrence White; George Robinson; Rowland Agar; Thomas Inman; Henry Bower Bunnett.

ROYAL COLLEGE OF PHYSICIANS.

CROONIAN LECTURES.—NO. II.

By R. B. TODD, M.D., F.R.S., Professor of Physiology in King's College.

GENTLEMEN,—The *structure* of the alimentary canal will this evening occupy our attention, but more especially that of the vertebrate classes of animals, in all of which the same general disposition is found.

The intestinal tube is composed of three planes of membrane; superimposed, as it were, on each other, and connected together by cellular or areolar tissue.

1. *External*, the serous membrane, (Peritoneum.)
2. *Middle*, the muscular.
3. *Internal*, the mucous.

And here I would pause for a moment to bring before you a brief view of the general distribution of these parts in the different portions of the tube.

A. The external coat is a serous membrane, enclosing the bowel more or less completely in different parts, forming the mesocolon and mesentery, &c. This covering, however, is so arranged, that a line exists on the viscus which is said to be enclosed, where really this membrane is absent, and this line corresponds to the point where the layers of the peritoneum meet after having passed round the tube. In some parts, however, this covering is still less complete, as in the duodenum of the higher animals and the rectum. The descending colon has a very considerable portion unenclosed by this membrane, a circumstance which Amussat has ingeniously taken advantage of, to perform an operation with the view of producing artificial anus, without opening the peritoneal sac.

B. *The middle coat* of the intestine is the MUSCULAR, the fibres of which are of two kinds.

1st. *The external*, directed longitudinally along the bowel.

2nd. *The internal* circular surrounding the tube.

1. *The external fibres* are arranged uniformly all round the small intestine, though Albinus asserted the contrary, but in the large are collected into three bands, which at the rectum merge into three continuous coats by expanding.

2. The circular are most highly developed in the duodenum and the rectum.

The areolar tissue connecting these parts together is in some respects peculiar, it never contains any fat. The vessels which nourish the homogeneous membrane of the mucous coat, hereafter to be described, and the other parts, ramify in this.

C. *The internal* or mucous coat presents itself in a variety of forms, though throughout it is formed upon a constant plan, and wherever we trace and examine it, these characters are invariably discovered when looked for minutely. This variety of form arises from the circumstance that the external and middle coats are shorter than the internal, and the latter is thus thrown into a variety of folds, which give it a sacculated character. In the first portion of the duodenum these folds are irregular, but further on they become more regular and transverse. In the jejunum they become nearly circular, resembling valves, the *valvulæ conniventes* of Kerkring. The latter are peculiar to the human subject, at least I have never been able to meet with any similar in other animals. In the large intestine, both sets of muscular fibres are shorter than the mucous membrane, and hence the sacculated character is assumed in this part, (ex. colon).

I shall now call your attention to the *minute anatomy of the mucous portion* of the intestinal canal, considered generally. We must here seek the aid of the microscope, for without the highest powers of the compound instrument it is in vain we attempt to throw any light upon these minute textures, whether this or any of the other membranes of the body be examined. It is also equally necessary to use in all these investigations recent specimens, for the epithelium is so easily separable, and the whole is so liable to rapid change, that unless this be attended to, all our examinations will only lead to erroneous conclusions. But here a difficulty meets us, for it is almost impossible to obtain *recent* specimens of the mucous membrane from the human subject.

It has been long supposed that there existed numerous analogies between the structure of the skin and the lining of the digestive apparatus, but it is now proved that the two are identical, both in structure and office. The skin is the external tegumentary membrane, the mucous membrane is the internal, and they are continuous with each other at various points, as the anus, mouth, nose, and eyes. Both have their elements prolonged into the numerous glands which exists in them, and in the same manner, and this holds good whether we consider the sweat glands or the liver, the sebaceous follicles or the pancreas.

Between these two tegumentary tissues all the other textures are enclosed, and so analogous are they, that it is not impossible to conceive the one taking upon itself the action of the other. Now this has been actually proved to be the fact by experiment. A polype has been turned inside out, and the functions of digestion, &c., been assumed by the skin, while the offices of the latter have been performed by the mucous membrane.

In investigating the minute structure of the mucous membrane, I am glad to have the opportunity of availing myself of the researches of my valued friend, Mr. Bowman, who is so favourably known by his paper on the minute anatomy of the muscular fibres, lately read before the Royal Society.

Mucous membrane consists of two distinct portions:—

1st. A peculiar transparent homogeneous membrane, in which no structural arrangement is visible (hence termed by the Germans "*Structureless*"); this has for some time past been partially recognised by anatomists. It is found wherever the following exists in the lining membrane of the tubes of certain glands, and is the base of it, since the latter is never found without it.

2nd. Upon this homogeneous membrane is deposited the epithelium, a structure analogous to the epidermis of the skin, and composed of nucleated cells.

These two structures together, then, essentially constitute a mucous membrane, and they are connected with the subjacent parts by areolar tissue, here denominated submucous cellular tissue, in which the vessels, nerves, and lymphatics are found, for no vessels ramify in the homogeneous membrane itself. The thickness of the intestinal canal in the stomach is owing to a replication of the homogeneous membrane and epithelium, forming projecting folds termed *villi*, or little canals, termed the follicles of Lieberkuhn; but the elements are similarly disposed, if the membrane be followed and examined by the microscope.

Let us now proceed to consider the analogies of the internal integument with the external. The skin has been described as consisting of three layers by anatomists who have not used the microscope; the Rete Malpighi consists of nothing more than the newly secreted cuticle, though a distinct name has been given it. The

corion has been generally considered a fibrous interlacement, but it is the analogue of the submucous cellular tissue. The true elements are the epidermis and basement tissue, the subcutaneous cellular tissue, the corion of anatomists. The basement tissue is most developed in the papillary structure, and upon it are laid the layers of epidermis, like the layers of epithelium, while the whole is continued into the various glands, &c., such as sebaceous follicles and sweat ducts, as well as the follicles in which the roots of the hair arise.

The relation of the vessels and nerves is the same to the skin as to the mucous membrane, for no vessels enter the former, but run on its deep surface in the subcutaneous cellular tissue; the old anatomists considered that the term "*extravascular*" was one of very limited application, but it is now known that it may very properly be applied to the greater number of tissues; the parts that used to be called "*extravascular*," are now found to be growths from extravascular parts, (ex. nails, hairs, &c.) This term, however, may very properly be applied to both skin and mucous membrane.

Mucous membrane assumes two forms:—

1. Simple expansions; 2. involuted.

The true mechanism of secretion is found in the formation of the epithelium, and even the mucus, so called, is but separated epithelial scales mixed with water; new scales are always being developed, and the old are thus cast off in the secretion just mentioned, and removed by means to be hereafter alluded to. Epithelium exists on the surface of serous membranes and synovial, but it differs in the delicacy of its scales. That of mucous membranes I have already said consists of layers of nucleated cells, but there is a difference between the cells of the different laminæ; the most external and oldest are quite flat, the next are distinctly cellular, generally polygonal, while the first formed are nearly circular, and evidently identical with the primary cells, the bases of all tissues; for we find the transparent cell containing a nucleus, and within the latter a nucleolus, a structure characteristic of the cells of developement described by Schleiden. Mr. Bowman, by the application of the microscope to these minute structures in fatty degenerations of the liver, has shown that that disease consists in a deposit in its most elementary parts of oily particles.

Epithelial scales may be classified thus:—

1. *Scaly and flat*, (termed by Henle "plaster epithelium,") which is found on all flat extensions of mucous membrane where pressure occurs (ex. stomach).

2. *Globular*, seen where the scales have been recently formed, and are not subjected to pressure. (Uriniferous tubes.)

3. *Columnar*, (by Henle termed "cylindrical,") conspicuous where follicles or villi exist; they are conical in shape, but irregular, their broad extremity being free, their apex being attached to the homogencous membrane.

Connected with mucous membranes are the curious appendages *cilia*; they are hair-like processes attached to the epithelial scales in constant motion, which is always in a determinate direction, and act as valuable organs for promoting the passage of secretions. Their importance cannot be better explained than by describing them as the agent by which the secretion is urged from the small ramifications of the bronchi. The further we descend in the animal scale, the more of ciliary motion we find in the organization. In man it is found in nasal, bronchial, and genital mucous membrane. A most extraordinary fact with reference to the cilia is, that if a few only of the epithelial scales be removed from the body, the former will continue in vigorous action for several hours.

The application of these facts to the anatomy of the mucous membrane of the intestines, and the examination of the glandular apparatus connected with digestion, will be considered in my next.

REVIEWS.

Hydropathy; or, The Cold Water Cure, as practised by Vincent Priessnitz, at Gräefenberg, Silesia, Austria. By R. T. Claridge, Esq. 8vo., pp. 318. Madden, London.

THE present volume is one of those startling novelties which are ever and anon cast up by the re-action of opinion upon the shore of the waters of popular credulity, and no doubt with Morrison's Pills and Solomon's Balm, will have its day. We do not, however, condemn the work *in toto*; there are hints to be found in it which may be turned to account—statements which, though questionable, are worthy of investigation—opinions which amuse, if they do not instruct—and theories, though irrespective of data, truculent and bold. In saying thus much, we consider we have given all the praise the pretended new discovery merits, or ever will merit. Neither is our opinion thus strongly expressed, because hydropathy is (to the multitude at least) a novelty. Our conduct, on more occasions than one, would contradict the charge if made. We have been ever the first to herald a new discovery, and to assist in the resuscitation of a defunct remedy, provided we felt in our own minds that the object of the discoverer or the reviver was fair and legitimate, and neither tinctured by interest nor adulterated by empiricism. But against that wholesale quackery which comes to us under the guise of simplicity, marshalled by philanthropy, we have always, and ever will, set our faces. Here we have a gentleman avowedly ignorant of the first principles of anatomy, surgery, pharmacy, and medicine, yet delivering his opinions with all the authority of a Galen, and the arrogant conclusiveness and intolerance of contradiction of a police magistrate. *Ex. gratia.* Speaking of drugs and medicaments the author says,—

> But, we would inquire, are the effects of these compounds such as to lead us to conclude that they were recommended by nature? Have mankind become healthier since their introduction? No; quite the contrary. Are those nations who have done most homage to this science the strongest and soundest? No; for they are beyond contradiction, physically, if not morally, the most miserable of all. Again, we would ask, are those individuals amongst them who do most to aid the apothecaries healthier than the others? or are those who constantly consult doctors free from pain? (pp. 86-7.)

It would be difficult in any similar work put forth with such high and mighty pretensions, to find a passage so replete with ignorance—ignorance, not of medicine, or of any science connected with that art—but of the every-day business of life. In the name of common sense, where has Mr. Claridge passed his life? With whom has he associated, and what works has he read, that he is ignorant of the fact, that the value of life, or its mean duration, has not only increased in this country, but is increasing, and that that increase is to be attributed entirely to the high state of the medical profession, and the improvements in ventilation, diet, exercise, and the practice of medicine which that profession has introduced? If we have any doubt of what we say, we refer him to the secretaries of the numerous insurance offices which are to be met with between Whitechapel and Hyde Park Corner. But, further, we will tell him, that from very accurate experiments made with a view to test the mean strength of nations by the dynameter, the English were found to be not only stronger than the other nations of Europe, the natives of Asia, Africa, and America, but even the water-drinking aborigines of New Zealand! So much, then, for physical qualities—of morals we shall say nothing, but leave the libel on the British nation to the silent contempt which it deserves.

If the description of the hydropathic establishment at Gräefenberg, where miracles *more Morrisone* are performed as easily as eels are skinned, be correct, it is, in our humble opinion, no very fit place for invalids; *videlicit*—

> The chief establishment at Gräefenberg is badly arranged, there being always a disagreeable smell in it, arising, first, from the *cows*, which, instead of being confined in sheds, as with us, *are kept under the house (!!)* secondly, from the *public conveniences* which are on the staircases (!!) (Let it be kept in mind these *public conveniences* are not *water-closets*, but *filthy tubs*); and, thirdly, from *the kitchen*, which is *under the saloon*, into which the dinner is introduced through a trap-door by pulleys. (pp. 50-51.)

So that the patients have to inhale the disgusting odours of a stable, the corrupt emanations of common necessaries, and the exquisite perfume of a Silesian *cuisine*, with all its fat pork, sour garlick, onions, and rusty bacon! Yet the author has the unparalleled simplicity to tell us, at pages 79 and 80, after giving an elaborate abstract of the hydropathic treatment, that

> The effects of water are influenced by too many incidental circumstances to admit of any *fixed rules*. [So here, after all, we have been only dealing with a shadow.] This renders it highly desirable for persons having the means to go to Gräefenberg, [and the author might have added, Priessnitz wants none others,] rather than to treat their own diseases, or to intrust their cure to any of the other establishments in Germany; for it is doubtful if any of their proprietors have studied the science sufficiently, and still more so if any one of them will ever possess the penetrating genius which distinguishes Priessnitz.

This is showing the cloven foot. Nowhere else does water produce the same effects on disease as at Gräefenberg, we are told, and yet *that* water, we are informed at page 59, contains no mineral, alkaline, or earthy matters whatever! If this is not the puff direct, then we know not what a puff means.

But the whole of the treatise is of a piece. In the chapter devoted to the biography of Priessnitz, we learn that he first turned his attention to hydropathy in consequence of breaking two of his ribs, and setting them afterwards without the aid of the Silesian surgeon. This reminds us of a story, we think in the *Spectator*, of the quack who set up to cure diseases of the eye, because he had lost one in the emperor's service! So that, after all, the new Paracelsus of Silesia has no other pretensions to claims on our confidence in his practice, than having broken two ribs, and having had the good luck, by the aid of nature, to recover from the accident! In fact, Mr. Claridge, who seems to be a rare gossip, and no doubt will prove a very Triton among the Congou and Hyson minnows of Exeter Hall, tells us so candidly, without periphrasis, and with an amiable confidence which is absolutely delightful—thus "there is no doubt that Mr. Priessnitz owes all his experience to his *utter ignorance of medical science, which, indeed, is his greatest advantage;*" p. 62. And at p. 61, after informing us that Priessnitz has already accumulated £50,000 by the hydropathic humbug, he seems to insinuate that the great watermonger is determined to remain in that "utter ignorance" which has been more to him than Bacon's knowledge or Davy's science, for he says that he is a man "of few words," exchanges no ideas with his neighbours, and

"has no very great regard for medical men, because no one has suffered more from their vindictive feelings than himself; besides, he has ever found it a work of supererogation to endeavour to dispossess them of their prejudices. Nor has he time or inclination to enter into disputes upon a mode of treatment which *he knows as directly emanating from nature, to be always true to itself.*" This is certainly the way to remain in "utter ignorance" with a vengeance.

Now we have ever heard that diet, or the due selection of aliamentary substances, with a view to their digestion and assimilation, was a principal branch of the healing or curative art; and indeed some persons who have had credit in their day for superior medical attainments, as Cheyne, Gregory, Duncan, jun., and others, have been so foolish as to leave very particular directions behind them respecting the proper food for invalids; and Stevens and Beaumont actually wasted a great deal of time in elaborate experiments to discover which were, and which were not, the most easily digested animal and vegetable substances; while another class of persons, at the head of whom was Sir Astley Cooper, endeavoured to discover which were the most nutritive, and published the results of their respective experiments; but our Silesian doctor hight Preissnitz, treats the science of dietetics with the utmost contempt. Thus dinner consists of soup, beef being boiled in it; then pork, veal, ducks, geese, potatoes, sour croute, gerkins, cucumbers, pastry, &c. (p. 55.) The author, however, confesses that "the mode of living at Gräefenberg must strike every visitor with astonishment;" (p. 55,) and then says that Priessnitz himself admits, that "the cure would progress quicker if the table were much *worse* served than at present;" what he means by worse, we are at a loss to conjecture, and therefore leave it to the ingenuity of our readers to discover. We cannot however avoid stating, that at page 75, we are gravely told, that "the means which Priessnitz employs to attain this end, are water, air, exercise, and *diet!*"—to wit, for pork, ducks, geese, sour croute, gerkins, and cucumbers! Shade of Hippocrates grant us patience! We must rest on our pen.

Now, reader, turn to page 136—there we are told again, that the bill of fare consists of meat, soup, bouilli, with horse-radish, "or some other sauce," veal, mutton, pork, venison, ducks and fowls, with plum sauce and potatoes; all kinds of pastry, and some vegetables, "but in less quantities than meats." "In winter, potatoes are added to the supper, but are seldom eaten, they interrupt digestion and sleep. If any excess is ever committed at Gräefenberg, it is in the eating." Such is the diet. The author next addresses himself to hypochondriacs, who are recommended "to drink a great deal of water whilst eating, *the place it occupies leaves less for food!*" We are also told that "flannel next the skin is very bad," (p. 137,) and that "people subject to congestions of blood to the head, cannot have their bed-rooms too cold, or keep their heads too cool." (Idem.) But we have given examples enough of the absurdities, and crude notions of the Silesian and his *touter*, Mr. Claridge. We must now say something of hydropathy itself, and of the modes of applying the universal remedy.

All persons are expected to drink plentifully of water, the quantity depends upon circumstances, some ten or twelve, (none less,) whilst others extend it to twenty glasses a day. An inexperienced person would think that eating *ad libitum** was injudicious; but Mr. Pricssnitz lays no restrictions upon his patients in this respect. The consequence is, that the mountain air, the exercise, and the water produce an appetite, the satisfying of which, under any other circumstances, would be highly conducive to indigestion; but Mr. Priessnitz persists in saying that water will digest anything, and that the evil of eating too much will correct itself as the patient gets stronger and approaches to convalescence. *Whatever may be the state of the patient's disease, no surgical operations ever take place, nor are patients, under any circumstances, subjected to the loss of blood, to blistering, or indeed any of the expedients resorted to under the allopathic system.* If costiveness, indigestion, or inactivity of the organs be the cause of complaint, water speedily removes it; if fever, *wet sheets* and frequent immersions in the bath have the desired effect. (p. 66.) The discovery of the soothing, cooling, and strengthening effect of the *wet sheet*, is of itself sufficient to ensure Mr. Priessnitz the blessings of posterity! (p. 67.)

Here the adage of the "wet blanket" is entirely reversed, and elderly gentlemen who are in the habit of ordering their bed-linen to be aired at inns, may derive some consolation should they find themselves in damp sheets, from the knowledge that the chamber-maid is a female Priessnitz without knowing it, and that he is being treated hydropathically though not at Gräefenberg. "Death is of such rare occurrence, that one might almost say that no one ever dies under the treatment." (p. 68.) The author, however, unintentionally explains at p. 54, why no one dies under the treatment. "He (Priessnitz) is too prudent to undertake any case that he does not feel almost confident, sooner or later, of curing." The extreme of folly "can no further go." One would be almost inclined to think, from a rigid comparison of such passages as these, and they abound in the treatise, that the author had escaped from Haslam, or that he had laid a wager to test the credulity of John Bull to its utmost; for in the same facetious strain, (and are we wrong in suspecting that Mr. Claridge is a shrewd wag who laughed in his sleeve all the while he was penning these humorous pages?) he tells us at page 74, that "hydropathy completely supersedes the dreadful necessity [query, alternative?] of cutting men's flesh, or amputating their limbs;" and a little above he informs us, in his jocular, though ponderous language, that "the *cure of all acute diseases to Priessnitz is mere child's play;* and in no instance of nervous fevers or inflammation in any stage, was he ever known to lose a patient!" To talk of Le Sage after Mr. Claridge, or of our favourite Sangrado after Priessnitz, would subject us to a charge of partiality; therefore we unreservedly admit that "hydropathy" is a much more exquisite satire on medicine and mankind, than the adventures of Gil Blas of Santillane, while it contains quite as much quiet humour in one half the number of pages. We humbly submit that the next edition of Mr. Claridge's solemn levity should be entitled "*Hy-dropathy; or Jokes for all Disorders: to which is added, How to Save a Shilling; or Sleeping in Damp Sheets not Rheumatic.*"

We have almost exhausted the space to which we are necessarily restricted, and are sorry for it, for there are many other serious jokes with which we were anxious to convulse our readers. We must, however, make room for the following *facetiæ*, which, we are sure, will put Hierocles for ever out of fashion, and "the nose" of our respected friend, the late Mr. Joseph Miller, "out of joint," to whose shadow may hydropathy grant repose! We must head it, as the printers say, as

A CAPITAL JOKE.

A person who had recently lost his wife and two children, was attacked with brain fever. Mr. Priessnitz ordered him a tepid bath, in which he sat, and was subdued by two men, who were occasionally changed. The man became so deranged that it was with difficulty he could be kept in the bath: in ordinary cases this disease succumbs to the treatment in two or three hours; *but the patient in this case became speechless at the end of this time.* Mr. Priessnitz, with that coolness which is so leading a feature of his character, said, 'Keep on until he either talks much or goes to sleep.' The latter the man at last did, *but not until he had been in the bath for nine hours and a half;* that is, they commenced at one o'clock in the day, and the patient fell asleep from exhaustion at half-past ten at night: he was then put to bed, and the next day the fever had left him, and though weak he was able to walk about. (P. 63.)

"A similar case," says the author with amiable simplicity, "had not occurred in Gräefenberg for nearly three years," and we beg respectfully to add, we don't believe will occur again. In conclusion, we must be allowed to tell a story of the celebrated Dr. Parr, which, though not perhaps as "funny," is nevertheless as true as this of Priessnitz. The doctor was in the habit of taking a cold shower-bath daily, but a wicked fellow with the not impossible hope of being mistaken for a wit, directed the water, unknown to Parr, to be made hot. The doctor, according to custom, unsuspicious of the temperature of his bath, undressed himself, got in, pulled the string, and roared out as if he had suddenly encountered all the demons of darkness, and that they had deluged him with molten lead. The whole household—for it was early in the morning—rushed precipitately to the doctor's apartment, where the wag meeting them, said with more anxiety for his reputation as a wit, than his character as a man, "Be not alarmed, *it's only Parr-boiled.*" But we must now conclude; and as we shall probably return to this facetious volume on some future occasion, we take leave of Mr. Claridge and his Silesian Sangrado, with many thanks for the amusement which they have afforded us.

* It must, however, be remarked, that almost all men who have studied the science, (what science?) are of opinion that too much is eaten at Gräefenberg.—*Note by the Author.*

MEDICAL MEMS. OF THE WEEK.

By PERISCOPICUS.

Mr. Shand, of Glasgow, writes to prove that Boërhaave was wrong in his theory that all the sonorous pulsations of the hemisphere that fall on the penna are concentrated in the auditory passage; and resting on the well-known fact that sound is arrested in a vacuum, asserts that sound is conducted by the solids and denser fluids in the human ear. He declares that sound is not, as is supposed, conducted by the surface of solids; on the contrary, "all the atoms of the solid must be in motion, and when tremulous motion ceases in the atom, sound is also arrested in it."

Dr. Marshall Hall related an experiment in one of his recent lectures, which has its interest in connection with the question as to the mode of action of poisons. The brain, and the whole of the spinal marrow of a frog, had been removed without killing the animal, and the doctor thinks that this may always be done, provided the removal be effected by degrees, and carefully. In this condition, if the foot, stomach, or any part of the animal were crushed by a blow, the heart would instantly cease its pulsations. In the absence of the cerebro-spinal system, it is inferred that the impression must be conveyed by the sympathetic or organic system of nerves. Mr. Addison, who, with Dr. Morgan, has been experimenting on the action of poisons, thinks that they may produce their effects as in the case of the frog. An interesting fact mentioned by Mr. Snow is, that a patient having a grain of acetate of morphia applied to a small surface of the skin, (denuded of the cuticle by a blister,) immediately showed

all the symptoms that usually follow a full dose of opium.

Dr. Mayhood, of Barlyborough, has recently attended a fatal case of glanders in the human subject. The treatment was bleeding, strong doses of Dover's powders and calomel, and the puncture of the tumours which showed themselves on the legs and arms. The wife of the deceased has been eight weeks labouring under the same malady, and is not expected to survive. The doctor supposes her to have given the glanders to her husband, though it appears that both attended the diseased horse.

M. Demeaux recently conquered a dangerous case of priapism, with retention of urine, continuing for thirty hours, and marked by occasional exacerbations and general spasms, accompanied by ejaculations, by, in the first place, bleeding the patient largely, placing him in a hip bath of cold water, giving an injection containing two grains of camphor, and placing a bladder of pounded ice between the limbs. The cold bath removed the ejaculations; the other symptoms remaining, a dose of camphor was given by the mouth, fifteen leeches applied to the perineum, and though these reproduced the spasms and ejaculations, they were persisted in. The rigidity yielding somewhat after a four hours' treatment, he was placed in a bath at the temperature of the surrounding atmosphere, and in ten minutes the urine flowed, and the patient fell into a sound sleep. The complaint gradually diminishing, he was able to travel in four days. Reasoning à priori, this treatment, with the exception of the bleeding by the lancet, seems to us to be the opposite to the right, and the success in this case can scarcely be called an argument à posteriori in its favour.

Dr. Burridge, (of the Taunton Hospital,) speaking of pericarditis supervening upon rheumatism, points out very well the mistake so frequently made of considering the slightly hurried and laborious respiration, followed by increased impulse of the heart, and "the soreness, rather than tenderness," produced by pressure, as the symptoms of pleuro-peripneumony. "These symptoms," he says, "indicate inflammation of the fibrous structure of the pericardium; for the pulse is not hard and tense, but loose and jerking—the pulse, in fact, of rheumatism. At this time, also, the stethoscope indicates nothing to be connected with the pericardium; there may be a slight bruit de soufflet, but that is merely from the functional disturbance. Should the practitioner fortunately be at hand, the progress will be arrested by local blood-letting and blistering; by a full dose of calomel, followed up with colchicum and tartarised antimony, and the use of a mustard pediluvium. If not, it extends to the serous lining of the pericardium very rapidly, and soon the pulse becomes hard and contracted, but still jerking. The stethoscope now conveys to us the bruit de frottement—the to-and-fro sound of Dr. Watson—indicating, according to my experience, the state of inflammation *preparatory* to the deposition of lymph. The patient so very rarely dies at this precise period, that I have not been able to ascertain, in a single case, that lymph may be deposited, the surface remain unadherent, and the bruit de frottement continue to the last. Under any circumstances this sound is never of long duration; for if contra-stimulant doses of tartarised antimony, aided by the local means, do not remove it, it is superseded by the craquement de cuir, a sound of admitted value, as indicating the deposition of lymph, and warning us that mercury is our sheet-anchor—nay, our only resource."

Mr. George Cooper, of Greenwich, in a case of strangulated hernia, where the taxis had failed, tried large doses of opium with complete success. In nine hours he gave (in three doses) 12 grains, and continued the medicine for two or three days. In another case, a woman of seventy was cured of strangulated femoral hernia by the same means.

Dr. Seymour, in cases of paralysis, showing no signs of affection of the sensorium, and no external trace of organic disease, gives the tincture of cantharides in extremely large doses, forty minims twice a day. He considers the peculiar circumstances of the patient in such rare maladies justifies his administering doses which would probably be fatal to persons suffering under any other disease.

Dr. Dowler, of New Orleans, thinks that solar asphyxia is an universal lesion of the nervous system, but more particularly of that part which is necessary to the pulmonary circulation. The blood which suddenly accumulates in the lungs, ceases to be arterialised; it gorges not only the blood-vessels, but infiltrates the pulmonary substance, forming the most perfect example of hyperæmia, and even penetrates the coverings of the lungs—*pleura pulmonalis*—and is copiously effused into the cavity of the chest. In this contest, the lungs are, probably, throughout the attack, in a collapsed or passive state, permitting the blood not only to distend its proper vessels, but to permeate readily throughout the pulmonary texture, until the lung is, perhaps, one-fourth heavier than is usual. Whether the pulmonary congestion be the primary or secondary condition of insolation, he will not say; but thinks that of all morbid appearances of a congestive character, this is the least equivocal. Here nothing is ambiguous; the congestion and hyperæmia are truly wonderful.—Although physiology teaches us, he adds, that man is endowed with the powers of maintaining the same heat of his body in all climates and situations, with few exceptions still it is possible, under peculiar circumstances, that the body may become actually heated. A chemico-vital refrigeration, by means of perspiration or evaporation, is constantly going on—in health, especially—in hot climates. The "fire-kings" themselves, when in a heat of 500 or 600 deg., would roast and turn into cinders, were it not for this refrigerating process, in conjunction with a vital energy, which for a time neutralises the accumulating power of caloric. The solar heat probably accumulates upon the surface of the body faster than nature can refrigerate through the lungs and the skin, by evaporation; inequilibrium presses upon the vital energy, which, being exhausted in the contest, as well as by excessive labour, is unable longer to neutralise the excess of temperature—often 40 deg. more than that of the body. Vital chemistry is unequal to the task of preventing the conduction of heat into the body, and death is the consequence.

PARALYSIS OF THE PORTIO DURA.

A CASE of paralysis of the portio dura lately occurred at the King's County Almhouse, which presented a curious physiological fact I have not seen noticed in any other case which I have met with.

J. Ward, a marine, aged 33, came to the poorhouse with secondary syphilis, for which the ordinary treatment, consisting of an alterative course, with sarsaparilla, was successfully used. But upon the subsidence of the syphilitic symptoms, he was suddenly seized with a paralysis of some of the muscles of the face. His mouth was drawn to the left side, the natural power of winking his right eye was lost, and he could not elevate the right angle of his mouth. As the senses of smelling, sight, hearing, the motions of the eyeball, the motions and taste of the tongue, and the motion of the lower jaw, were perfect on both sides, the paralysis was evidently confined to the portio dura of the right side.

But the most curious part of the case, and that for which I have been induced to relate it, is, that he could close the eyelids at will, while the involuntary winking was confined to the left eye, showing that the voluntary power of closing the eyelids is communicated by means of a different nerve from that which causes the natural winking, the latter depending upon the portio dura, while the former is probably derived from the ophthalmic nerve. This is confirmed by a case in the *Revue Medicale*, of April, 1829, published by Duges of Montpellier, in which both the trifacial nerve and the eighth pair of the right side were paralysed, and all power of closing the eyelids was lost. These two observations show that the voluntary motion of the eyelids is derived from the ophthalmic branch of the fifth pair, and the involuntary from the portio dura, and where both were paralyzed both motions were lost.—*Dr. Zabriskie in American Journal.*

MEDICAL NEWS.

THE POOR-LAW.—Mr. Peter H. Green, M.B., has written us the following *morceau*. We trust the piquancy of the anecdote will induce our readers to overlook the bad, tautological, and somewhat ungrammatical English in which it is given:—"Not many months *back* it came to our knowledge that one of *these last* functionaries—a person *professing* the trade of a village cobbler, or," (the trade of?) "*some equally intellectual occupation*—actually assumed *to himself superior* CONSIDERATION *over* the medical officer, because, *forsooth, he received a higher salary*, was *better paid* for his services, (which *was* true to the letter,) and consequently *must be* entitled to exercise the authority *of station* over the less fortunate man of education and intelligence, with whom he was *thus* thrown *into* contact." The writer being a book reviewer, it may be necessary to assure the doubtful that we give the statement *verbatim et literatim*. There is, however, a gem in the toad's head. The fact given—having nearly as many resemblances as there are parishes under the new poor-law system—shows what the savage proceedings of the Commissioners have effected in the way of lowering the standing of the profession.

MEDICAL INFATUATION.—Laennec, in the last pages of his immortal work, refers to the palpitation, evidently belonging to the tubercular deposition which was then taking place, as a mere transient occurrence, and endeavours to convince his readers, as he had no doubt convinced himself, that it was produced by a flatulence, little imagining how soon his brilliant career was to close. And the late Dr. Armstrong, who attained to the most extensive practice in London, could hardly be forced away from his patients to the country, even when his medical friends were convinced that he was far advanced in consumption. He died in December, with an unusually large cavity in one of his lungs; and on the 30th of July, when visited by Sir James Clarke and Dr. Davies, after they had left him he said he was quite satisfied that they considered his case hopeless, because he saw through their evasions of his questions on this point, but that such a conclusion was by no means warranted by the symptoms and circumstances of it. And Dr. Booth adds in his letter:—"In short, he seems determined to recover, in order to confute you both." On the 12th of August he wrote to Dr. Davies—"I shall give both you and Clarke a lecture for your want of tact." He never resign-

ed expectations of recovery, till a complete prostration of strength had convinced him that the gloomy prognostics of his medical friends were but too well founded.

UNIVERSITY OF LONDON.—*Examination for the Degree of M.D.*, 1841. The following candidates passed the examinations, and have consequently been admitted to the degree of Doctor of Medicine :— First Division : Cooke, William Marten, Webb-street ; Cooper, Henry, University College ; Goodfellow, Stephen Jennings, St. Bartholomew's ; *Mackenzie, Frederick William, University College ; Rayner, William, University College ; Waddy, Jonathan Mason, Guy's and St. Thomas's.—Second Division : Ayres, Philip Barnard, University College.—*Examination for Honours.*—Surgery : Waddy, Jonathan Mason, Guy's and St. Thomas's.—Medicine : Mackenzie, Frederick William (gold medal), University College ; Cooke, William Marten, Webb-street.—Midwifery : Waddy, Jonathan Mason (gold medal), Guy's and St. Thomas's.—(To each of these a certificate of special proficiency in medicine was awarded).

KING AND QUEEN'S COLLEGE OF PHYSICIANS.—This body met on Saturday evening, in the Theatre of the College. His Excellency the Lord Lieutenant attended. There were about 300 present. The lectures—the first by Sir Henry Marsh, the second by Dr. Carlisle—were heard thoughout with the most marked attention. His Excellency remained till nearly eleven o'clock, and appeared much gratified.

WESTMINSTER HOSPITAL SCHOOL.—We are exceedingly pleased to anncunce, that Charles Deazley, Esq., A.B., M.R.C.S.L., &c., has been appointed to the office of demonstrator of anatomy to the Westminster Hospital Medical School, by the Governors of the above Hospital, at the unanimous solicitation of the pupils, on account of his unremitting labours in pursuit of anatomical and physiological knowledge, together with the facility he possesses of imparting to his class that knowledge which alone distinguishes the surgeon as a man of education and deep research. We have every reason to believe, that the anatomical department well be conducted by the united endeavours of Dr. Hunter and Mr. Deazley with that diligence that will tend to raise the school to the greatest celebrity.

SHORT COMMONS.—The following is the pauper allowance of the Newry Union :—Breakfast : Five ounces of meal made into stirabout, and one-third of a quart of buttermilk.—Supper : Four ounces of meal made into stirabout, and one-third of a quart of buttermilk.—Children, from nine years of age to two, to have half the above. Children under two years of age, to have half a pound of white bread and one pint of sweet milk for each, per day. When buttermilk cannot be pro cured in sufficient quantity, one pint of soup and two pounds of potatoes is substituted for the above dinner."—[The medical officer cannot want work with such a dietary. We should be glad to know his salary.]

APOTHECARIES' HALL.

List of Gentlemen who received their Certificates on Thursday, January 27th, 1842 :—

J. G. Kemp ; E. B. Tuson ; J. S. Williams ; G. Humby.

Thursday, February 3, 1842.

J. B. Stedman, Painswin House, Norfolk.—R. M'Lachlan, Shelf, near Halifax.—W. E. Humble, 3, Brunswick Terrace, Islington.—W. Hill, Sutton, Herefordshire.

Thursday, February 10, 1842.

W. A. Dene, Barnstable, Devon.—Thomas Walker Grant.

Thursday, February 17, 1842.

William Henry Sloggett ; Henry Pearson ; William Bower.

Obituary.—At Stilton, Henry Oliver Esq.—At Norwich, Dr. Yelloly.

NAVAL.

Promotions.—Assistant-Surgeon Mr. Kinnear, of the Howe, to the rank of Surgeon.

Appointments.—Assistant-Surgeon A. Mc Clatchie to the Fly ; Assistant-Surgeon Daniel Thompson to the Minder ; Dr. Caldwell to the Locust ; H. Beveridge to the William and Mary Yacht.

ARMY.

33rd Foot—Assistant-surgeon Alexander Mackintosh, M.D., from the Staff, to be Assistant-surgeon, vice Magrath, promoted to be Second Class Staff Surgeon.

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COURSE OF CLINICAL LECTURES ON DISEASES OF WOMEN.

Delivered in the Hospital of La Charité, by Professor VELPEAU.

Vesico-vaginal Fistulas.—M. Jeanselme next proceeds to the consideration of various reported cases of cure of vesico-vaginal fistulas by means of *suture*, but he seems to think none of them conclusive as to its efficacy. We will give some of the most interesting cases. The first occurred under M. Deyber.

Case 1.—A. M. F., 27 years of age, was affected with a vesico-vaginal fistula after a difficult labour. The vagina was partly obliterated, and transformed into a species of *cul-de-sac*, scarcely two inches in length, and at the bottom of which was found a small opening giving passage to the urine. The use of the catheter, repeated bathing, and repose, relieved the patient, without producing any improvement in the fistula. On the 4th of December, 1826, about five months after the accident, Professor Flamant enlarged the opening with a lithotomy knife, at the same time freshening up its edges with a probe-pointed bistoury. The finger when introduced into the bladder by this opening could distinguish neither the neck of the womb, nor the upper part of the vagina; a catheter was left in the urethra, and a plug of charpie introduced into the vagina. On the 8th of January, 1827, the fistula was in the same state. Professor Ehrmann then practised two cauterizations at an interval of eight days, but without any good result. M. Ehrmann, after giving a month's repose to the patient, practised the suture on the 8th of March: by means of a speculum, he discovered that the fistula had a transverse direction, and was about ten lines in length. Immediately after the operation, a catheter was placed in the bladder. On the 10th the silver catheter was replaced by a gum-elastic one; the urine escaped between the catheter and the urethra. On the 13th the ligatures were expelled by the emollient liquid which was injected into the vagina with a view of calming the pains. On the 18th the urine constantly escaped; the catheter became insupportable. On the 19th the patient could contain her urine for a quarter of an hour. On the 2nd of April she passed three-quarters of an hour without making water. On the 6th, M. Dezber examined the patient with M. Ehrmann. The stream of urine was of a regular size, but unevenly directed; there were some pains in the vulva after each time of passing water. From the 25th to the 30th of the same month the urine and fæces were mixed with blood. In the beginning of May a minute depression was observed, which seemed to be the orifice of a small canal; but it would not admit of the introduction of a probe. On the 7th of May the patient quitted the hospital *perfectly satisfied*, and could contain her urine for more than two hours. M. Deyber terminates the case with this observation: "I have since learned that she could contain her urine for a still longer time."

The second is reported by Dr. Malagodi, of Bologna; it is as follows:—

Case 2.—Marie Reggiani, 22 years of age, had been affected, since her first accouchement, which was very tedious, with a vesico-vaginal fistula, through which the finger might be easily passed into the bladder. After having employed, for eight months, all the means suggested by art, she went to Bologna to place herself under the care of Dr. Malagodi, who subjected her, on the 28th of August, 1828, to the following operation:—Assisted by Drs. Montebugnoli and Rosospini, Dr. Malagodi placed the patient in the position adopted for the operation for stone. He introduced the index finger of the right-hand, covered with leather, into the fistulous opening, bent the last phalanges in the shape of a hook, and drew down as much as possible the left callous edge of this opening towards the orifice of the vagina. He then took, with the opposite hand, a straight bistoury, and cut upon his finger, by a semi-lunar incision, the edge which he had seized. He repeated the same operation on the opposite side, changing his hand, that is to say, introducing the left index finger, and operating with his right-hand. The edges of the fistula being thus refreshed, the next point was to bring them together and maintain them in contact. Three ligatures, each having at their extremity a very curved and small needle, and a stem to which the needles might be fixed or loosened at pleasure, were the instruments employed for this part of the operation. M. Malagodi introduced the right index finger into the refreshed opening, so that the back of the hand was directed towards the body of the patient, the thumb being below and the little finger above, and brought the left lip of the vesico-vaginal opening into view. Then taking in the left-hand a needle fixed on its stem, he thrust it through this lip near the posterior angle of the wound, making it penetrate from behind forwards. After this first needle, he passed a second in the same manner, and then a third at equal distances; having repeated the same operation on the opposite side, he tied the ligatures two and two, and was able thus to bring the whole length of the edges of the wound into immediate contact. The patient was again placed in bed, with a recommendation to lie on her back. A catheter was left in the bladder, and a vessel placed beneath to receive the urine, which escaped freely as soon as conveyed into the bladder by the ureters. During the whole of the second day the urine passed by the catheter, and not a drop by the wound; but on the next day the small piece of charpie which had been introduced into the vagina was found saturated with this fluid. On the fourth day the patient was again placed in the position for operation. Dr. Malagodi perceived that the two posterior points of suture were maintained; he removed them and found the union perfect in that part. The anterior point, on the contrary, had torn through the left lip of the wound, and consequently nearly a third of the original opening was not cicatrized. Although cauterization by the nitrate of silver had produced no advantage when the fistulous opening allowed the passage of the finger, there was reason to hope that the same means would prove more efficacious, now that the opening had been reduced to the diameter of an ordinary catheter. M. Malagodi then had recourse to cauterization, and at the end of about three weeks he obtained a sensible improvement. The catheter was left constantly in the bladder. The employment of the caustic was continued for a few weeks longer, and the patient was completely cured towards the commencement of January."

M. Jeanselme objects to the above cases, inasmuch as nothing is said as to the seat of the fistulæ; nor are we told (in this latter case) how long it was after the urine had ceased to pass by this abnormal opening, before the cure was proclaimed.

The third case occurred under Professor Roux, in the Hospital of *La Charité*, and is thus related:—

The operation, in this case, was performed on the 21st of July, 1829; it was long, lasting, according to M. Sabatier, *rather more than two hours*. Immediately afterwards the patient was carried to bed. The mattress on which she lay had been doubled up, so that the pelvis alone rested on its extremity; the thighs and legs were flexed and sustained by cushions. A gum-elastic catheter was introduced by the urethra and left in the bladder. "About an hour after being put to bed, the patient had a slight shivering fit, followed by heat and moderate perspiration. Towards night the skin regained its normal heat; no pain in the abdomen, tongue moist, pulse natural. The urine continued to escape into the vessel placed beneath the catheter; it was strongly coloured with red from the blood." (Infusion of flowers of the lime-tree; linseed-tea; dieted.)

On the 22nd, the patient dozed for some hours in the night; the urine had escaped by the catheter in sufficient quantity to fill a spitting-basin; it is still of a deep red colour. The presence of the catheter appears to cause no uneasiness to the patient; but when a slight movement is given to the instrument, a rather sharp pain is caused in the canal of the urethra. The patient complains somewhat of the fatiguing position in which she is kept. No pain is felt in the abdomen, which is even insensible to pressure. In the course of the day the urine contained in the bladder was drawn off with a small syringe; but this means has not been adopted since, the liquid escaping easily by the catheter. At night, the same state, the urine is constantly dropping; it is clearer than before. The patient drinks freely. At her desire, lemonade was allowed her.

23rd, The urinary secretion is increased, no doubt from the patient drinking more freely than before. Some broth was given her occasionally. The external parts of generation are somewhat tumefied. The patient experiences no pain but that resulting from the uneasy position in which she is obliged to keep.

24th. Same state; the urine passes easily by the catheter, sometimes clear, and at others mixed with blood. The tongue is white, but not dry. No pain in the head, chest, or abdomen; but great sensibility of the urethra in the course of the day.

25th. The patient is composed; she drinks frequently; at a quarter to five in the evening she was suddenly seized with a shivering fit, and convulsive trembling of the limbs; her face lost its rosy colour; the lips became blue; the teeth chattered; there was difficulty of speaking; the pulse was hard, small, and frequent; extreme uneasiness; the drinks which were taken some time before were all rejected. In half an hour's time reaction took place; great heat of skin, redness of the face, brilliant eyes, pulse accelerated and full; soon after, copious perspiration. At ten in the evening the composure is re-established; the urine continues to escape; she was somewhat disturbed in the night. The 25th, the fourth day from the operation, the patient is depressed, and complains of a general lassitude. The needles were withdrawn as well as the catheter, on the presence of which these symptoms were thought to depend. The patient was put into another bed. Some time after, a silver catheter was introduced into the bladder, and the urine escaped in a stream. (Lemonade, &c.) Still some hours after the visit, a new access of fever, as violent as the first, suddenly supervened. The purple face announced a momentary congestion about the head, and some obstruction to the course of the venous blood. Respiration frequent; insupportable sensation of cold all over the body, with general tremblings of the trunk and limbs; cerebral functions undisturbed. In half an hour, heat and perspiration manifested themselves; an uneasy sensation over the whole body succeeded this access; no organ appeared affected. Towards

the close of the day, a third access, as intense as the preceding, took place. From this period, the intermissions ceased; the fever became constant, with irregular and sharp exacerbations. She passed a bad night; the urine still passed by the catheter, but in small quantity, and tinged with blood.

26th. The sudden and unfavourable change in the general state of the patient, the great alteration in her features during the paroxysms, the momentary suspension of the urine, the weak state of the patient since the previous evening, all show the supervention of some very grave affection, announcing itself with the characters of remittent fever. A fourth exacerbation took place some time before the morning visit, and was still continuing when she was seen. The following mixture was then prescribed: aq. tiliæ, ℥iij.; syr. papav. ℥i.; quinin. sulph., gr. xii.; aq. aurant., ℥i. A tablespoouful to be given every hour. In the course of the day, a fifth febrile paroxysm took place, and a sixth towards five o'clock in the evening. This time the patient had vomitings of bilious matter, mixed with the drinks she had taken a short time before; still there was no pain in the abdomen, which was insensible to pressure. The patient had the catheter passed frequently during the day and night; clots of blood frequently appeared at the orifice of the vagina, and the catheter merely gave passage to a small quantity of bloody urine. The pulse, in the interval of these irregular paroxysms, counted from 110 to 120 in the minute; the respiration was frequent, the inspirations being very short; no pain in the chest. The night was disturbed, and the patient only occasionally yielded to a kind of drowsiness which seemed most frequently to be caused by a momentary cerebral congestion; for almost always at these times the face was more or less deeply flushed.

27th. At a quarter to seven in the morning, a seventh paroxysm, as long and intense as the preceding, terminated by profuse perspiration. During this period the features have become greatly contracted; clots of blood have again escaped by the vulva. The catheter has been several times introduced, sometimes without result, and sometimes withdrawing a small quantity of urine. At five in the evening, a prolonged shivering fit; renewed congestion about the face and head; pulse quick, small, and thready; general tremor of the limbs and trunk. After three-quarters of an hour, the paroxysm began to decline; the great heat succeeding to the shivering has disappeared; there is general perspiration. There now seemed to be no doubt as to the necessity of employing the most active treatment; and three boluses, each containing eight grains of sulphate of quinine, were immediately prepared; in case the first bolus should create vomiting, a *lavement* containing twenty-four grains of the same substance was held in readiness. The first two pills were administered at an interval of three hours; the third was given two hours and three-quarters after the second; some time after vomiting supervened; the nurse administered the lavement, which was retained. The catheter was passed several times without withdrawing a drop of urine.

28th. About eight o'clock in the morning, she had a paroxysm much shorter and weaker than the previous ones. The patient now complained of acute pain above the epigastric region, directing her hand to a point corresponding to the lower part of the left breast. The respiration continued frequent; the anterior part of the chest resounded well; but the difficulty of raising the patient, and the fear of exposing her to the fatigues of auscultation and percussion, prevented this mode of exploration being adopted on the posterior part of the thorax. (24 grains of sulphate of quinine were again prescribed in six pills; an aromatic infusion and demulcent drinks.) The catheter, when passed into the bladder, gave issue this time to two or three spoonfuls of urine. In the course of the day, pain began to be perceived in the right side of the chest; the intensity of this pain rapidly increased. The patient expectorated a thick viscous and yellowish substance. The respiration was accelerated, (sixty inspirations in a minute); pulse frequent, fuller than before, but more compressible. On the left side, auscultation is impossible from the position of the patient, and her crying out whenever an attempt is made to raise her; but on the right, there is dulness on percussion, and crepitant *rale* very perceptible on the side, but even more so on approaching the posterior part. Bleeding in this case being contra-indicated by reason of the general state of the patient, counter-irritants were adopted, but without success. At night, she had had no new paroxysm; in fact, none other returned. The patient complained that she could not breathe; she could not even swallow a mouthful of fluid without the pain in the side being increased. The urine ceased to escape by the catheter. Involuntary discharge of fæces. The pulsations are about 150 in a minute. Still, in spite of the pains which she experiences, the patient has a continual tendency to fall into a state of drowsiness, from which however she is easily aroused. From time to time the functions of the brain become disturbed; but the delirium is merely transient. Sinapisms were applied, and blisters to the legs, but without effect; the abdomen is still soft and insensible to pressure, but the dyspnœa is increased.

29th. The state of the patient is quite hopeless. Still, as each movement on inspiration causes acute pain in the right side, a large blister was applied over this part. But all was useless, and the unfortunate patient expired on the 31st of July, at two o'clock in the morning.

The following are some of the details of the *post-mortem* examination:—

"The genito-uriuary apparatus was removed with care, the rectum separated from the vagina, and the posterior wall of this latter incised along its whole extent. In this preparation the communication between the bladder and vagina was perceptible. Ulceration and mortification of the edges of this opening had greatly enlarged its extent; it was found, in fact, to be rather more than two inches. The edges were thickened, irregularly ulcerated, softened, blackish, and impregnated with a sanious and fœtid matter. In the interior of the bladder were found blackish collections of mucus, mixed with some decomposed clots of blood, but no pus was discovered there. The mucus had a blackish grey tint, without very apparent redness. The uterus, which had not returned to its normal size, was soft; the opening of its neck was gaping, its interior of a livid red. The tubes, which were bathed in the pus effused into the cavity of the pelvis, were red on their exterior throughout their whole extent."

The following case occurred in the practice of Mr. Coley in this country:—"A married woman, 40 years of age, was attacked four months ago with a large vesico-vaginal fistula, nearly transversely situated above the neck of the bladder. For the purpose of operating on her, the patient was placed upon an elevated table, in the same position as for lithotomy; a large sound was introduced into the urethra, and the wrinkles of the vagina being effaced by assistants, so as to bring the fistula plainly into view, the surgeon, then, by means of a bistoury, refreshed the two edges of the fistula, and immediately passed two ligatures by means of small curved needles held in a suitable position with a peculiar kind of pincers, the branches of which might be closed at will by a species of ring. Immediately after traversing the parts, the needles were removed, and the ligatures pulled together, so as to hold the lips of the fistula in contact. The large sound was then withdrawn and replaced by a silver catheter, by which the urine passed and ceased entirely to escape through the fistula. This catheter was left in the bladder, and the patient put to bed, being placed on the side opposite to the fistula; and although, during the night, the patient had changed her position, and the catheter had escaped from the bladder, the urine still passed out of the natural opening. On the fourth day, the suture points were divided, and the threads withdrawn, and the reunion of the lips of the wound appeared quite perfect. Still, to assure himself still more, Mr. Coley stopped up the extremity of the catheter for a quarter of an hour, and when he removed the obstacle which opposed the passage of the urine, he perceived it escape in a stream while none passed by the fistula. On the eighth day, the cure appeared still more perfect, and the use of the catheter was discontinued. On the sixteenth day, the patient travelled seven miles to her own home. At this period the urine escaped involuntarily, and especially at night, from the bladder, which did not completely recover its functions till towards the end of the fifth month after the operation."

This case M. Jeanselme considers as not sufficiently substantiated, either with respect to the extent of the opening, or its distance above the neck of the bladder, to entitle it to be considered as a case of fistula of the fundus of this organ. He also considers that the readiness with which the cure took place is a proof that the perforation was limited, and especially that it was seated about the neck of the bladder.

D. *Uniting methods.—Process of M. Lallemand.*—Among several recorded cases of treatment by this means, the following is the only successful one, and presents so much interest that we will give the details to our readers.

CASE.—"*Vesico-vaginal fistula of more than an inch in length and four lines in width, completely cured after existing two years by a single application of the* SONDE-ERIGNE *of M. Lallemand.*—Françoise Fépon, from the neighbourhood of Aix, in Savoy, fair, strong, of a very marked sanguineous temperament, and of robust health, became *enceinte* at the age of twenty-two. She was exceedingly well during her pregnancy, but had a bad labour. Dwelling in the country, she was attended by a midwife, who left the head of the child fixed in the pelvis for four-and-twenty hours before calling in a surgeon, and he was obliged to deliver by means of the *forceps*; the child was dead. Immediately after the accouchement, the urine escaped by the vagina, which must be attributed to perforation of the bladder by the forceps, and not to the pressure exercised by the child's head; for in the latter case, which is the most common, the fistula does not show itself till the separation of the eschars. From this period, the whole of the urine has continued to pass by the vagina, whatever position the patient assumed, and the desire of passing water is no longer felt. After two years of varied but equally unsuccessful treatment, this patient came to Montpellier, and entered the *Hôpital Saint-Eloi*, on the 14th of April, 1833. Her *embonpoint* was still remarkable, her complexion good; her functions continued to be exercised with the most perfect regularity, in spite of the torments inseparable from the malady under which she laboured, as well as the action of the various remedies employed for its cure. She was calm, full of confidence, and willing to undergo anything with a view of relief. She was ordered baths, the parts were shaved, and after some days repose, an examination of the fistula was made, so as to determine as exactly as possible its extent, its form, its direction, and its distance from the *meatus urinarius*. This was easily done by means of a speculum, a curved probe, and a female catheter; but, to be more certain, a mould of the fistula was taken in the vagina. This showed that the anterior edge of this unnatural opening was *one* inch and *four* lines from the external opening of the urethra; that it was of a curved form with the concavity directed forwards; that its direction was almost transverse, and that its great diameter was at least an inch in extent, and the antero-posterior about four lines.—On the 23rd of April, after introducing a sound into the bladder so as to depress the vesico-vaginal partition, and passing a speculum into the vagina, the fistula was cauterized for the first time with a stick of nitrate of silver. Immediately afterwards, several injections into the bladder were performed. The patient experienced no pain nor even smarting.—On the 27th, a second cauterization, similar to the first, followed by acute smarting pain in the edges of the fistula.—29th, the menses appeared.—2nd of May, a third cauterization, followed by smarting more acute and more prolonged.—8th. Fourth cauterization, accompanied and followed by considerable pain. Appetite impaired, (baths; lemonade).—13th. Fifth cauterization, accompanied and followed by lancinating pains.—14th. Loss of appetite; symptoms of gastric derangement. (24 grains of ipecacuanha.)—15. Escape of pus and mucus from the vagina; the edges of the fistula are tumefied, red, and bleed on the least touch; the urine is mixed with blood;

parts, so as to produce a lively re-action. These means, continued for five weeks, were followed by complete success, the skin, which became white from the action of the creosote, desquamated; the lice completely disappeared, as well as the pimples and vesicles; the ulcers became covered over with a very delicate, it is true, but still a normal epidermis; the appetite and sleep returned, as well as the strength. Cold astringent baths were employed afterwards with advantage, for the purpose of strengthening the skin, which appeared very relaxed.

Although this disease appeared rather local than dependent on a general state of cachexy, it is still interesting to find the creosote succeed where a variety of other energetic agents had failed; it might perhaps be advisable to employ it in some other impetiginous and herpetic ulcers.

Croup cured by cold fomentations. By Dr. Moos, of Vienna.—Case.—An infant, four years of age, was taken with croup; immediately after, four large leeches were applied on the fore-part of the larynx, and hot drinks were ordered, with half a grain of calomel every hour and an emulsion. The disease having progressed, four more leeches were applied; but the infant soon fell into a state of anemia, the respiration became more disturbed, and the stools were greenish. Four grains of sulphate of copper were prescribed in two ounces of water, a table-spoonful to be taken every half-hour. Each dose produced vomiting; thirty-six hours after the commencement of the disease, the danger had become extreme, and it was decided on performing tracheotomy. Whilst preparations were making for this operation, cold fomentations were applied to the head and neck, which were changed every three minutes, and the little patient was made to drink cold water. Three hours after, the child was more calm, the respiration less difficult. the cough not so frequent, the crowing sound less sharp, and the suffocation less imminent. The treatment was continued; cold effusions were used every half-hour for two minutes each time. Fifteen hours after, the infant was declared out of danger. The symptoms gradually diminished, and completely disappeared the fifth day of the disease; there was merely a slight hoarseness left, which did not cease till the end of fifteen days.

This is a good example of the cure of a desperate case of croup by a means, which, though long known, has perhaps been too much neglected.

Experiments as to the effect of galvanism in organic disease of the eye. By Dr. Neumann.—Case 1.—Aug. Patz, of Gollub, ten years of age, had been affected for an uncertain period in the right eye, with perfect adhesion of the *iris* to the *crystalline lens* which was opaque; a strong solution of extract of belladonna, when dropped into the eye, dilated the pupil scarcely to the size of a pins'-head, and exhibited the *lens* under the form of a yellow cretaceous body apparently covered with irregular elevations. The *cornea*, on the contrary, was sound and nowhere adherent to the *iris*; the *sclerotica* and other parts of the eye were also in a healthy state. The patient could not distinguish day from night. The left eye was affected with the same disease, but he could still distinguish very large objects with it. A variety of means bad been employed without benefit. The right eye only was subjected to galvanism; for this purpose, two plates, each two inches square, were used, the one of zinc and the other copper, which were placed in a glass bowl, and covered with sulphuric acid greatly diluted with water. From the zinc plate an iron wire was passed into the mouth of the patient, and another wire from the copper plate was adjusted upon a *cataract* needle, and carried along a glass tube so as to isolate it from the hands of the operator; the point of the needle was then passed through the *cornea* into the centre of the *crystalline lens*. The patient experienced considerable pain, and endeavoured at first to turn the eye upwards; but the organ soon became quiet, and the galvanic current was allowed to act upon it for nearly a minute; after which bubbles of gas mixed with a greenish humour were distinctly seen to escape from the interior of the *crystalline lens*, which at the same time shifted to the bottom of the eye, and left in its place merely a blackish green mass, similar to what is seen in eyes affected with *glaucoma*. As the pains became very strong, the needle was withdrawn; during two days the inflammatory re-action was combated with cold fomentations and laxative medicines. On the fourth day the inflammation had disappeared, and there was no trace of the wound in the *cornea;* the pupil was as contracted as before the operation, but left visible the greenish mass mentioned above, and more deeply a little of the yellow *crystalline lens*. The blindness was complete. It is probable that besides the *cataract*, the eye was also affected with *glaucoma*.

Case. 2.—Barbara Schmuhi, thirty years of age, was operated on for *cataract* in both eyes. The right eye recovered its sight; but the patient could scarcely distinguish day from night with the left; she therefore consulted M. Neumann, who dropt a solution of belladonna into the left eye; the pupil dilated a little and assumed a semi-elliptical and semi-angulous form. At the bottom were perceived fragments of the *cataract* adherent to the *uvea*, and resembling portions of mineral. The left eye was subjected to galvanism; for this purpose, a *pile* was made with two plates of copper and two of zinc, each two inches in diameter; a piece of flannel was placed between the two pairs, and they were then moistened with sulphuric acid greatly diluted. Two wires passed from the two *poles;* that from the copper was placed in the mouth of the patient, and that from the zinc brought into communication with the *crystalline lens* by means of a similar process to that described in the first case. The *pile* had scarcely been in action a minute before the *debris* of the *cataract* became separated, and left a black *zone* between them; but as the patient began to complain of headache, the operation was discontinued. Leeches, purgatives, and cold formentations to the forehead, allayed the cerebral irritation which manifested itself immediately after the employment of the galvanism. On the fifth day the eye was uncovered, and the patient could perceive, through the *zone*, objects of small dimensions, as the fingers, and returned home sufficiently satisfied with her state without undergoing a second operation.

Case 3.—Melle Resalie de Mæzkiewicz, of Samplawa, almost completely lost her sight at the age of four years from small-pox; she is twenty-two years of age, and has applied to many physicians, who have employed a variety of means without success. M. Neumann himself had been previously consulted by her, and had considered her incurable; but he was not then acquainted with the employment of galvanism upon the eyes. The following was the state presented by the patient; the right globe was so large that it could scarcely be covered by the eyelids; the vessels of the *conjunctiva* were considerably dilated, and extended transversely in large branches over the *cornea* from one angle of the eye to the other. The *cornea* could not be distinguished from the *sclerotica*, and the whole anterior segment of the globe presented the appearance of a deep blue bladder, streaked with white, especially at that part where the transparent *cornea* should have existed; thus there existed a species of *staphyloma* of the *cornea*, with increase of size of the whole globe of the eye. The patient could still distinguish day from night with this eye, as well as recognise the outline of very large bodies; this continuance of susceptibility of light was owing to a small portion of the *cornea*, about the size of a pin's-head, which remained transparent. The left eye was less voluminous than the right, but similarly affected; the *cornea* was even more opaque, and the blindness so complete, that the most vivid light was not perceptible. A *pile* of three pairs was employed; one of the wires was placed in the mouth and the other lightly touched the *cornea*. The tears became secreted in great quantity, and fell over the cheek; bubbles of gas became formed around the wire, causing a true froth. The vessels of the globe appeared more full of blood, and pain was produced. The operation was immediately discontinued. This experiment was repeated once and often twice a day for a month; the right globe became considerably lessened in size, and could with facility be covered by the lids; the white streaks of the *cornea* became sensibly clearer, and some completely disappeared; the sight became re-established to that degree, that small objects could be distinguished, and the patient was even able to sew and thread her needle. The spots of the left eye are much clearer, and the perception of light, which was quite gone, is now so much returned, that the patient can see the flame of a candle. The treatment is still continued.

These cases are followed by some remarks: 1st. The employment of galvanism in organic diseases of the eye requires great precautions. We must be perfectly assured that the electric current is thoroughly established before applying it. 2nd. The *pile* should be most carefully attended to and placed in action some minutes before applying it to the patient. 3rd. Adhesions of the *cataract* with the *iris* and opacities of the *cornea* are the affections in which galvanism is most frequently indicated. 4th. The action of galvanism is so much more efficacious as it is better borne. ' 5th. Immediately that pain in the eye supervenes, we must discontinue the operation, so as not to occasion inflammation. 6th. With a couple of plates of two inches in diameter, the current is perfectly sensible; with two couples it is stronger, but is still borne by almost all patients; it is not so with a pile of three couples, which easily excites inflammation. —*Gaz. Med.*

BURNT RHUBARB IN DIARRHŒA.

To the Editor of the ' Medical Times.'

Sir,—Since the publication of my letter on the exhibition of burnt rhubarb in cases of diarrhœa, which appeared in the ' Medical Times' of the 3rd January, I have received letters from several practitioners, some requesting to know the proper mode of preparing the burnt rhubarb, and others complaining that the exhibition of it, as prepared by them, in the diarrhœa of infants has failed. As the latter part of my correspondents have been candid enough to state the manner they have respectively adopted in preparing the medicine, I do not wonder that no advantage has been derived from its use. One gentleman very gravely assures me that he " burnt some of the pulvis rhei upon a shovel, and it had no effect;" that he " tried another lot, which also failed." Another tells me that he first baked some in an oven, and then dropped some on a red-hot poker; and a third asserts that he employed a frying-pan in preparing these successive quantities of the pulvis rhei, all of which failed. I have no doubt of the failure, and therefore to prevent any similar loss of time and disappointment in future, I beg your permission to

state, through the 'Medical Times,' for the information of all who may be interested in the inquiry, that I have never used the powder. I employ the root, and I cause it to undergo precisely the same course as that adopted in making charcoal. When the root is *thoroughly carbonised*, it should be powdered as finely as possible, and kept in a stoppered bottle for use. Its astringent antiseptic and tonic properties will not fail to manifest themselves if the root be thus prepared, and its quality be good.—I am, Sir, your obedient servant,

R. AYTON.

Soho Square, 23rd Feb., 1842.

TO CORRESPONDENTS.

Dr. Stevens.—*The case is very extraordinary, but as surmised, not quite suited to a medical journal. We give our best thanks.*

"A Student of Guy's" *had better put himself in communication with the Secretaries.*—G. B.'s *alarm is groundless. The Association would be of invaluable service to science.*

A Correspondent who has done much for practical surgical science, has forwarded to our office a Petition for the Amendment of the Anatomy Act. After stating the inadequacy of supply, and the partiality in the distribution of bodies—the violation of the law by the having but one instead of three inspectors—and dwelling on the calamitous consequences to medical science and public health arising from these sources, it suggests a liberal amendment in the provisions of the present act, and prays for a committee of inquiry into the causes of its notoriously bad working. Several highly respectable signatures are attached to the Petition, and concurring very strongly in its prayer, we earnestly trust that it may be most numerously signed before its presentation to Parliament. It now lies for signature at our office; our country friends may have their names attached by forwarding us their commands to that effect.

A. B. *furnishes us with the account of an inquest, held at Camberwell, on the body of a respectable gardener, who was in the habit of taking* 120 *or more of Morison's pills weekly. A surgeon who attended, swore that in his opinion the pills had been the efficient cause of the death.*

M. D.—*The advertisement crept in as a book advertisement.*

A Subscriber, A Constant Reader, Dr. Bell, Mr. Hay, Zeno, Anti-Wakley, *received.*

A University Student, Querist, X. Z., F. A. R., *not suited.* Querist, *we fear, should shave his head.*

We have received newspapers and notes from many zealous well-wishers, who have our best thanks. Our Pershore Correspondent is especially thanked.

THE MEDICAL TIMES.

SATURDAY, MARCH 5, 1842.

Tidarsi è bene, e non fidarse è meglio.
Trust is well, a sharp look-out is better.
ITAL. PROV.

THE elderly gentleman who—so low *in*, and so high *above* the profession—occupies at one and the same time the antipodes of medical distinction, and who recently assured the body of surgeons over whom he presides with such paternal solicitude, that the meek and lowly Commission which was sanctioning their being plundered of more than half their just remuneration, was composed of kind-hearted, well-disposed gentlemen in full possession of his confidence—this free-spoken, off-handed, joyous-hearted functionary has just favoured us with the fellow-important assurance, that the motley bill prepared partly *for*, partly *by*, Sir James Graham, will give universal satisfaction to the medical community.

We wish that Mr. Guthrie's prophecy were one that could prove true; so unexpectedly fortunate an event would win for the president our overlooking his playing lecture truant for *another* four months; but to speak frankly, we entertain no confidence in Mr. Guthrie's gifts of prophecy, save in interpreting his vaticinations on the principle duly laid down for understanding the weather prophecies of Mr. Murphy, or explaining the dreams of Kate Kearney—we mean by their contraries. We can readily suppose the new bill to please, if not satisfy, the older licentiates of the College of Physicians, with a certain number of immediately interested General Practitioners; but any other class of medical men, unanimous in its favour, we suspect it would be a work of some difficulty to discover; nay, we have something more than a suspicion that when the bill comes in integro before the close scrutiny of Mr. Guthrie himself—prophet of peace as he is—his content will not be of a more ecstatic character than that already manifested by the principal orb of another solar system. This *half* belief is a *whole* hope; for the profession's interests and the president's causes of self-complacency run very nearly in opposite directions.

Precluded from entering on details which as yet can no more be honestly published than certainly known, we propose making a few remarks on a circumstance about which no secresy is expected, or has been made—Sir James Graham's intended omission of any penal enactments against unqualified practitioners.

We know that Sir James Graham, and those whom he consulted, thought the evil of unqualified medical practice was best left to the repression of enlightened opinion. We believe this to be a most mischievous delusion, to which hecatombs of lives are annually sacrificed. Human nature, looked on in the mass, has little of that cold philosophy, that logical enlightened judgment, which Sir James and his friends so liberally attribute to it. It is full of extravagant hopes, fanciful superstitions, ready faith, curbless imagination, which break out of us, even amid our business speculations, but hold supreme command on the bed of sickness. The cultivated and refined are as much under their influence as the unpolished and the ignorant. How many of our strongest minds have we seen yielding up in sickness their every-day convictions, to bow in weakness at the shrine of empiricism? Mirabeau, blindly, obstinately relying on a youngster's assurances, died under a malady any experienced practitioner would have cured; and Fox, with an unbroken constitution, perished from giving up his faith to the prescriptions of an antiquated medicine book. There is nothing, in truth, we sport with so freely as with life. The hit-or-miss practice of the quack, has in it an attraction of its own. Regular practitioners present but a well-trodden, often long and tedious road to health; the empiric offers novel paths and short cuts, and as few can judge of the relative worth of his pretensions, few mind hazarding an unknown something for such tempting advantages. As dying men—a Cromwell for instance—have believed *that* religion which promised them salvation on the cheapest terms, so will they throw themselves in the arms of that doctor who promises them health on the easiest conditions. There is attraction in ventures—all have some confidence in their own fortune—hopes are ever stronger than fears when the future is in question—and in the gambling market of health there is wanting that personal experience which restrains extravagant speculations elsewhere. A life can be lost but once, and all former hazards have been in favour of its invulnerability.

Our argument has forced us into a somewhat metaphysic vein, but our reasons are practical, their results obvious in daily life; and if they have the weight we attribute to them, go far to prove that a wise statesman, so far from expecting to restrain quackery by the agency of the public, should endeavour to restrain the public by the agency of the law. The tendencies of mankind are much more in favour of the encouragement than repression of empiricism.

We humbly but earnestly suggest to the profession, that an important duty now awaits performance at its hands. Unqualified practice is one of our most practical grievances. On this subject, at least, there is perfect unity of interests and opinions; is it too much to ask at this most seasonable time, the other unity—of purpose and action? The legislature will omit a remedy if it can. Its indisposition to serve us, must, if we are wise, be the measure of our increased activity. The less it will do the more remains for us. Let, then, a demonstration of professional opinion on this subject be at once made. A public meeting, or a general petition will serve the purpose. It is of vital importance that Sir James Graham and Parliament be told, that medical men will hold every reform enactment unsatisfactory which leaves empiricism unpunished and rampant.

This is one step. Another is to prepare an "army list" of our home destroyers. We know few things more important than our having a detailed, well-digested catalogue of every unqualified practitioner, no matter under what name, or in what character he carries on his career of plunder and manslaughter. The publication would do a world of good. Legislatures would be taught by it the fearful number of vampires actually living on individual ruin. Coroners would consult it with advantage on their inquests—guardians, if honest, would be assisted by it in their medical appointments—and to complete its usefulness, it would secure the priceless advantage of being at once a warning for the public, and a safeguard for the profession. Are

the eschars are commencing to be detached; everything shows the existence of sufficient inflammation to bring about immediate reunion. From the commencing separation of the eschars, this forms the most favourable time for the application of the *sonde-érigne*. There is no fear of the return of menstruation, it having occurred so lately; but it is also necessary to guard against the patient going to stool during the work of cicatrization. (Two ounces of sulphate of soda to be taken at night).—16th. Several copious stools in the morning. In the evening, M. Lallemand introduced a catheter into the bladder, and separated the remains of the eschar by introducing the *index* and *middle* fingers into the fistula. A little blood followed; numerous drops exuding from the whole surface of the lips of the wound. This circumstance was considered favourable. Immediately afterwards the *sonde-érigne* was applied, and as soon as the spring was loosened, the edges of the fistula became closely drawn together. The instrument, being retained by the opposed action of the *crochets* and the *plate*, remained so firmly fixed in its proper position, that it was unnecessary to employ any auxiliary means. During the whole of the operation the patient did not utter the least complaint, and spoke only of having experienced a rather sharp pricking when the hooks passed into the bladder.—The chest, head, and thighs are supported by pillows, and the urine received into a flat vessel. (Emollient drinks; broths).—During three days, perfect quietude; on the fourth, pain in the vagina, a kind of pinching in the bladder.—21st, fifth day, the instrument was withdrawn, and replaced by an ordinary catheter, which gave free passage to the urine. Not a drop passed by the vagina.—22nd. The silver catheter was replaced by a gum-elastic one, less inconvenient to the patient.—23rd. The catheter being choked up, the urine accumulated in the bladder. After considerable efforts the patient succeeded in expelling it; but it passed between the catheter and the canal; none escaped by the vagina. Return of menstruation.—The following days, the obstruction of the catheter was prevented by frequent injections.—The 8th of June, the patient withdrew the catheter, and walked about for three hours; after which, feeling a great desire to pass water, she resisted it until she reached the closet, which was at the other end of the ward, and saw with surprise her urine gush out horizontally for a distance of more than two feet. Her joy was so great as for the instant almost to deprive her of reason.

From this time she performed the rude labours of the house, without, for two months, passing a drop of urine by the vagina. Before she left the hospital a new impression of the parts was taken, and, on a level with the cicatrix, a transverse, almost thread-like, projection was perceived, from five to six lines in length, very similar to the *raphè* of the scrotum.—A year afterwards, when journeying towards Aix, I was enabled to assure myself that the cure had been thoroughly accomplished.

This is a case which appears to embrace all the requisite conditions, and which gives to the process of M. Lallemand a distinguished rank among the modes of treatment in vesico-vaginal fistulas. "But," says M. Jeanselme, "is it conclusive? M. Lallemand does not say that the fistula was seated at the fundus of the bladder; he merely says that the anterior edge of the fistula was situated within an inch and four lines of the meatus urinarius, and this distance would scarcely place it within the fundus." He also adds, that in other decided cases of fistula at the fundus of the bladder, this instrument appears constantly to have failed.

Dr. Lemann, F.R.C.P.L., the candidate for the librarianship of the Linnæan Society (vacant by the death of Professor Don), has been rejected, and the former assistant, Mr. Kippest, appointed.

Professor M. Müller, of Gottingen, died recently at Athens, of a fever caught whilst exploring the remains of Delphi.

ROYAL COLLEGE OF PHYSICIANS.

CROONIAN LECTURES.—NO. III.

Delivered Friday, February 18, 1842, by R. B. TODD, M.D., F.R.S., Professor of Physiology in King's College.

GENTLEMEN,—You will recollect that when in my last lecture I called your attention to the general characters of the mucous membrane, I described two kinds—1. *Simple Expansions*; 2. *Involuted*—and I showed that in the latter the arrangement was such as admitted of the greatest surface being packed in the smallest space, but that the thickness of the membrane was of course increased. The mucous membrane of the intestinal canal is of this latter kind, and this arrangement is found throughout the whole of it, under all circumstances. By means of this the glands of the intestines are formed as well as the villi. If a thin portion of the mucous membrane of the alimentary canal be removed, and examined with the aid of the microscope, an appearance as of tubes arranged vertically to the surface will be presented. Lieberkuhn first noticed the minute foramina which entered from these tube-like divisions on the surface of the mucous membrane, constituting their mouths, and hence the tubes have taken the name of follicles of Lieberkuhn. These tubes are seen occasionally to bifurcate. A difference in form exists in the stomach where these tubes are dilated or bulged at their base, and thus by a careful examination we may distinguish the mucous membrane of that organ from that of the rest of the alimentary tract. The small foramina are more distinctly seen in the large intestine since there are no villi in that situation.

Lieberkuhn's follicles have been considered as special glands eliminating a peculiar secretion. Being, as I have shown them to be, but an involution or replication of the mucous membrane, and being covered like it with scales of epithelium, it may be that they are no more than other parts of the surface.

If we look on *Lieberkuhn's follicles* thus, we get a much more correct idea of the great surface which is presented in the intestine by them and the *villi*, which are essentially the same in structure, the arrangement being reversed. Instead of the folding taking place outwards, it is in the opposite direction, towards the free surface of the intestine. First, we find the epithelial scales, the homogeneous membrane, and finally the submucous tissue, the constituents exactly similar to those of the follicles, with the same intent, to present a larger surface in a small space. The villi are found over all parts of the small intestine, except the commencement, the stomach, where the cellular arrangement is found. This variation between the characters of these parts, serves to afford a distinction between these two parts. If the pyloric valve be carefully examined, it will be found that on the side continuous and nearest to the stomach, the cellular appearance is found, while, on the other side of the valve, it is found gradually to disappear, and to be supplanted by the villous. These processes or folds vary much in different animals. In the turkey they are broad and flat—in the dog they are elongated, as well as in all carnivora—while in man they assume a triangular shape. The *epithelium* of the villi is of the columnar kind. The vascular system supplying these folds is derived from the numerous vessels ramifying on the whole of the intestinal membrane, where numerous circles of anastomosis are seen everywhere, and it is between these circles, formed by the minute capillaries, that these villi arise, and that tubes already alluded to pass out. Through the centre of each villus passes a minute artery, which breaks up and forms a net-work around the apex, from this plexus minute veins arise and pass off, and it is probable that the lacteals arise in the same situation. A foreign physiologist has delineated a plexus of lacteals within one of these processes. The projection of the villi, their vascularity, the existence of lacteals, which become tumid during chylification from their absorption of the fluid nutriment brought in contact with them; all these circumstances have shown that these are the analogues of the roots of plants, the spongioles to which they are similar in action, form, and use. They are *the true absorbing organs* of the alimentary canal.

The term "*villous membrane*" is a term which is very often used indiscriminately and erroneously, as synonimous with "*mucous membrane*;" it should only be applied to that small intestine, for the villi exist nowhere else.

In the intestines we meet with glands of three kinds, eliminating peculiar secretions:—

1. Those termed BRUNNER'S GLANDS, found in the upper part of the intestines, and first described by Brunn, and from a corruption of whose name they derive their present title, an alteration arising from the latinizing his cognomen in the older works on anatomy. This anatomist published his work in 1686 on these secreting organs, which he considered and described as a "*Second Pancreas*." His delineation of them was very exact, but seems to have been overlooked and forgotten by subsequent anatomists, and the name by which he designated them is by no means an incorrect one. The name of these is often used carelessly, and applied to the solitary glands, which are distinct from these altogether.

A very proper name for Brunner's glands would be duodenal glands, since they are always found in connexion with that part, and their presence may be used to mark the division of that portion of the intestine from the rest, as well as to assign limits to it. Let me here digress for a moment to mention the best method of dissecting for these glands. If the duodenum be opened, and the mucous membrane examined on its free surface, these glands are not very readily seen, but if the intestine so opened be pinned down with its mucous membrane downwards, and the dissection be commenced on the serous surface, with a little care the external membranes may be removed till these glands are laid bare and made easy of examination. They are seen as minute whitish bodies scattered over the whole surface, most numerous near the pyloric extremity of the duodenum. If the examination be *more* minute, they will give the idea of a salivary gland resolved into acini, the terminal radicles of which terminate in ducts passing out between the tubules of the mucous membrane, or it is possible that they become continuous with them. The development of Brunner's glands is varied: in the horse they are much larger than in the human subject, but in the latter the greatest variation is met with; in one individual they are found to render the membrane excessively thick, while in another, they are even indistinct; but I think that I may say, that as far as my own observation has been carried, these glands are less developed in aged persons, a circumstance for which I am totally unable to assign any cause.

2. THE SOLITARY GLANDS are, as their name expresses, insolated, and by this peculiarity are distinguished from the following class. They exist throughout the whole of the intestinal tract. They form a series of elevations, and upon their surface in the small intestine are villi. They are of considerable size, and may be easily seen to be distinct from those already described; when cut into, they are found to contain a cavity terminating at the surface of the mucous membrane in a sharp point; whether there is an opening here has been doubted; I do not

doubt it, however: they are very abundant in the cœcum (especially in the dog), and in the vermiform appendix of the human subject.

3. The Agminate Glands are so called from their being collected together; they resemble a collection of the second kind forming a patch. If a small intestine be slit up along the point of attachment of the mesentery, they will be seen at the opposite side of the bowel most plentifully (for they seem to have a singular preference to that situation), and may be observed to resemble slight excoriations of the surface, and have been mistaken for such; they vary in number from seventeen to thirty-two, and their size and shape is different in different parts. In the ileum they are nearly round, with a diameter of a quarter of an inch; but as we proceed downwards in the examination, we find an oval form assumed, and near the cœcum the oval has a long diameter of four or five inches, its short one remaining half an inch. They were noticed by Peyer more particularly described them, and hence they now bear his name. In my first lecture I mentioned that one of the earliest Fellows of the College, Grew, has the most legitimate claims to the discovery of these bodies; they present the appearance of papillæ, arranged in folds or cups of mucous membrane, resembling the calyciform papillæ on the posterior part of the tongue; the central body is a cyst, which projects on the surface of the canal, from between the folds of its lining. Its secretion is poured out into its cavity, but how it is educed is not well-known; Henle supposed that many of the glands in their elementary portions consist of vesicles which burst at certain periods, and of these he affirms the same. I am unable to state positively, but am disposed to think, that there are to these as well as to the solitary glands, *distinct openings*. The question here arises, what are the use of these glands of Peyer? It is unknown; they are constantly present (which would seem to argue in favour of their being of importance) in man and the whole of the mammifera; in the rabbit they are well seen, for in that animal they are very distinct and extremely regular. In some mammifera they are much developed, (ex., dog). They are found chiefly in the lower part of the bowel where the food has become fæcal, and their office is perhaps partly to secrete the peculiar odoriferous matter of fæces, and partly probably to perform some other object.

The facts I have laid before you, have been admirably applied to the investigation of disease by a German named Bohm, and his observations show that progress in pathology and knowledge of disease must be made by minute examination of the morbid structures, or the parts subject to their lesion. He has examined a great number of the intestines of patients who had died from cholera, and the result of his observations are most interesting. He found, *first*, that the rice-water dejections contained a very large quantity of epithelial columnar scales, frequently in large flakes, and on directing his attention to the mucous membrane itself, he found that the surface was stript of its epithelium, in some parts completely, just as that of the skin is removed by the irritation of a blister. The villi were more or less stript (and he gives a delineation of one in this state); they subsequently become elongated, the basement is become affected, and finally is destroyed, having been broken up into minute fibres. The follicles of Lieberkuhn, being a portion, as we have seen, of the mucous surface, suffer in the same manner. With reference to these facts, it is remarkable that these changes take place even in patients who have been ill for a very short period. Bohm mentions, that some of the subjects of his observations only complained in the morning, but were dead at noon, but that even in these the same changes had taken place.

Here again we must be struck with the analogy between the affections of the external and internal membranes. We know how great is the collapse when any considerable portions of the epidermic covering of the skin is removed by blisters, or otherwise; and it appears from these researches I have mentioned, that an analogous lesion of the intestinal membrane occurs in cholera. The capsules of the solitary and Peyer's glands are removed, the submucous tissue becomes thickened and infiltrated.

Brunner's glands are very rarely the subject of disease compared with either of the others, and indeed I have never seen a true case of disease of Brunner's glands. Writers often speak in a very loose way, and describe morbid states of these glands when in reality they are unaffected.

The solitary glands, and those of Peyer, are frequently diseased, and generally together, as in typhus and phthisis pulmonalis. The former of these seems to induce a special and peculiar tendency to disease in these glands, followed by ulceration, a fact first noticed by Sir John Pringle. It forms one of the most fearful complications of that fatal malady, and may perhaps be considered the analogue of the petechiæ and ulcerations of the skin.

In phthisis, as it is a constitutional disease, a similar derangement is produced by the development of tubercular matter in the agminated and solitary glands, which become inflamed and ulcerate; but it is singular and worthy of remark, that this is confined to the glands, as the membrane between them remains healthy in the greater number of cases. Hence we find the ulcers assume the form and size of the glands affected.

The Innervation of the Intestine.—The alimentary canal is supplied with nerves from the sympathetic or organic system, named by Bichat the system of organic life, as if totally distinct from the cerebro-spinal; it has been the subject of a vast deal of vague hypothesis, and it has been treated of as if the intestine had a kind of automatic power, while its connection with the cerebro-spinal system is almost wholly lost sight of. This mistake, for such I am confident it is, has been much promoted by the statement of high anatomical authority, that these nerves contained peculiar and distinct fibres, an idea emanating from Retzius, to which Renac and Müller have since lent their names. I have carefully looked for these peculiar fibres, but have never been able to see them, and am confident that they do not exist. If subjected to the highest powers of the microscope, there is no difference discoverable between these and the nerves of animal life, unless it be in the variation of the mode of connexion with the central organs. If a ganglion of each be similarly examined, the only variation is, that in those of the sympathetic system, the fibres are fewer in number, and are bound together by a very dense neurilemma, formed of fibres of cellular tissue, which are rounded and transparent. This tissue is I believe the source of error I have just alluded to. I have referred to these facts for the purpose of explaining the movements of the bowels, which is really dependent upon the cerebro-spinal system.

Vallentin has stated, that if the roots of the spinal nerves connected with the splanchnic or lumbar nerves be irritated, the peristaltic movement is evidently increased in the part supplied by these; they are derived from the dorsal and lumbar spinal nerves, and seem to exert a reflex action; for example, if an animal recently killed be opened and the intestines be exposed to the stimulus of the air, the peristaltic action becomes rapid; a drastic purgative excites this action in the same manner. Their ordinary action is to convey the stimulus of contained matter to the spinal cord, and by a reflected impression to excite the contraction of the muscular coats; and hence, in cases of paraplegia, we often find considerable derangements of the state of the alimentary canal from paralysis of the muscular coat, allowing of inflations by gas, or dilatations by solid matters.

The time allotted for the lecture, gentlemen, being expired, I must in conclusion return you my thanks for the attention with which you have honoured me; my object has been to mingle interest with improvement, and I can only regret that the limits of this course do not allow me to pursue this subject in a manner commensurate with the magnitude of its interests.

EXTRACTS FROM FOREIGN JOURNALS.

On Puncture of the Thorax. By Dr. Skoda.—Case.—A puncture was made into the pericardium, in a servant, twenty-four years of age, affected with anasarca, and threatened with suffocation from effusion into the pleuræ and pericardium. On the first puncture, which was made between the third and fourth ribs, merely a few drops of reddish serosity escaped; immediately afterwards, a trocar was plunged between the fourth and fifth ribs, and a large quantity of liquid was set free to the great relief of the patient; she was again able to sleep; the œdema of the extremities disappeared, the respiration became more free, her strength and *embonpoint* gradually returned. Four weeks after the operation, a tumour was discovered beneath the sternum, which had invaded the bone and soft parts, and eventually carried off the patient in a state of extreme emaciation, after the lapse of a few months. At the autopsy, there was found extensive encephaloid disease, occupying the mediastinum, the sternum, the clavicles, and the glands of the neck; an encephaloid substance was also found in the heart and the liver.

Although the success in this case was merely palliative, it seems to speak in favour of *paracentesis* of the pericardium in the most hopeless cases.

On Phthiriasis. By Dr. Jeitteles, of Prague.—Case.—A countryman, forty-nine years of age, of a lymphatic temperament, had suffered much in his youth from superficial ulcers in the extremities and fetid perspiration from the feet. Although he had been rather dissolute, his health was excessively good for a great number of years. For some months past he has laboured under a disagreeable itching, as well as a burning sensation over the whole body, but especially the back, compelling him continually to scratch himself, and even depriving him of sleep. On closely examining him, the whole skin was seen to be covered with scales, together with small pimples and vesicles, and in their intervals a number of lice. These issued in large quantities from the superficial ulcers, which were formed principally in those parts of the skin where there was much fat, and where the pustules became broken. The ulcers secreted a fluid having a fetid odour similar to that from the feet. With the exception of the anorexia and insomnolency, the functions appeared in a natural state. A variety of means, as antimonials, mercurials, purgatives, tonics, salt-water, tobacco, sublimated baths, &c., having been employed without success, the author had recourse to a solution of creosote, with which the affected parts were bathed several times a day, taking care beforehand to apply cupping-glasses to the different parts of the body which contained much cellular tissue. He also ordered, twice a day, *douches* of hot water impregnated with creosote to the diseased

cases.* To say that Mr. Yearsley knows nothing of the action of mercury, and little of the action of syphilis, is but to announce an obvious truth. He has evidently, in his itch for a new theory, transferred to the remedy the effects which necessarily arise from the disease; and we are the more confirmed in this view from Mr. Yearsley's ungrammatical admission, that "his strictures are *of course* not so much directed against the exhibition of the medicine as a purgative, or an alterative, *but* when given with a view to its specific effect." The proof he gives of his view is, "that after the salivary glands have ceased to be affected, an erythematic state of the throat and fauces remain," which causes the deafness. Is Mr. Yearsley ignorant that an exanthematic state *precedes* and accompanies the mercury, as well as follows it? Does he know that the best cure is a gargle carefully used of one of the preparations of mercury?

It would be very amusing to follow Mr. Yearsley in his incessant, endless employment of catheterism of the Eustachian passages—his "thousands" of instances of snipping enlarged tonsils, ("a painless operation")—his familiar conversation with noblemen and members of Parliament,†—his liberal self-laudations, and spiteful insinuations against his rival aurists;—but we fear that we have already given a much larger space than so worthless and contemptibly *puffing* a publication ought to receive, even when noticed for the purpose of a little wholesome correction. To say, indeed, that the work has been reviewed and praised by the Dispatch, and irrecoverably condemned by us, is to say all that is required. We cannot conclude, however, without acknowledging that the paper, printing, binding, and getting up of the book is in the inverse ratio of the excellence of the work itself. We should be glad to be told what we could say higher in praise of a publisher.

* In this singular table, bathing and cold are classed under different headings considered as causes.

† He tells us (page 53) that he learnt from a member of the upper house, that the use of the percussion lock was a great cause of deafness, and that of twelve sporting guests of Sir Robert Peel, eight were found deaf in the *left* ear!

MAXIMS IN MEDICINE.

By EVERARD ELTON, M.R.C.S.

For the 'Medical Times.'

I.—The majority of the cases of continued fever admitted into the London hospitals, may be cured by the simple means of cold ablutions over the body whenever any unusual heat of the cutaneous surface is apparent, and enjoining, at the same time, the most complete and thorough system of cleanliness.

II.—Blisters are most valuable agents in removing the epigastric pain and tenderness which occurs in the progress of most fevers; but their beneficial effect is ever most apparent after a judicious general or local abstraction of blood.

III.—In fevers you will almost always find, if you apply the stethoscope, a slight rattle arising from irritation in the bronchial tubes; this is best subdued and relieved by applying leeches over the part.

IV.—Many cases of hemiplegia improve very much if the patient be kept on moderate diet alone, and take no medicine; and I have no doubt but that many remedies which have been boasted of in cases of this disease, have acquired their fame from the affection ceasing of its own accord.

V.—Where hemiplegia results from cerebral congestion or disturbance, appropriate depletory measures should be had recourse to in combination with low diet, but the greatest care must be taken not to carry these remedies too far. I am sure that many persons after hemiplegia, and other affections of a similar nature, are kept so low that they never rally again, and nature is deprived of the powers which are necessary to repair the injury that has taken place in the brain. Moderation is to be observed as the best guide in the treatment of all such cases; how far it is to be carried in each individual instance that presents itself, is a lesson that can only be learned by years of long and patient experience.

VI.—The reasons why remedies fail so often in effecting a restoration to perfect health after an attack of hemiplegia, are, that in each and every case the cause of the affection is different, whilst the symptoms bear a general and close resemblance to each other. The causes which most frequently present themselves as pathological appearances after death, are softening or extreme local congestion within the brain, one or more encysted tumours, fungoid, or osseous growths, or effusion into a cavity, which, after death, is found to be collapsed.

VII.—In the treatment of paralysis, there are few modern remedies whose virtues have been more vaunted than strychnine, yet there is no medicine which has been found more frequently to fail. The majority of cases of paralysis are caused by chronic inflammation of the spinal marrow or its sheath, or pressure upon it, or change of structure within it; in all such cases strychnine, by conveying an increased stimulus to the part, must inevitably do harm. The cases in which strychnine is alone available, are those of local nervous torpor; but such instances as these are, I need scarcely say, very rare in practice, and very inconsiderable in number.

VIII.—The greatest benefit in the general treatment of paralysis, is to be found in the pursuance of sound and scientific antiphlogistic measures, and if these are persevered in with wholesome care and cautious discrimination, I have no doubt, though no benefit takes place for some time afterwards, that ultimately more good will be effected, and the efforts of nature be more efficacious and effectual than if such remedies had not been employed.

IX.—If you treat a case of paralysis by the combined employment of strychnine and electricity, you must be prepared to acquaint your own mind, and that of your patient, as to which of these two remedies he is to impute his cure. This question may be simple to put, but difficult to answer; and in all such cases, therefore, remember that the cure by strychnine is slow, gradual, and paroxysmal, whereas that by electricity is rapidly developed, and as rapidly completed.

ON THE ATMOSPHERIC TREATMENT OF THE LUNGS.

By J. JEFFREYS, F.R.S., &c.

In the case of outward affections, the eye can see them, and the hand feel them, and make a direct application to them of remedies, and can watch the effect of these. Hence much of efficient local treatment was, in their case, taught by common experience, long before it was confirmed on principle by the advancing science of surgery. But in the case of inward disease the parts are hidden from the cognizance of the most instructive of our senses. In their case, therefore, any practice founded on experience alone is too likely to be ill and feebly employed. This appears to have been the case with respect to the particular treatment to be discussed; for that small portion of it which experience has as yet forced us to adopt, does scarcely amount to a semblance of what, it appears to me, must be adjudged necessary if we bring the question before the tribunal of a sound pathology.

I proceed therefore to the endeavour, upon pathological analogy, to establish the importance of giving efficient action, in the treatment of acute pulmonary disease, to measures which prove to be indespensably necessary for a successful treatment of all parallel cases. The skin of the lungs being excluded from our sight is an instance where, being deprived of the most discerning of our senses in judging of its state, our treatment may have been wanting in steadiness and precision. Upon the skin of the surface, however, we can look, and from its conditions when inflamed, from that of the eye especially, can infer, by what appears to me a most just pathological analogy, making due allowance for difference of structure, what must be the condition of the mucous membrane of the lungs when inflamed itself, or when irritated, by contiguous inflammation of the pulmonary mass or of the pleura. When the external cutaneous membrane is irritated, in addition to tumescence and redness, we observe a remarkable dryness of the surface, indicating a diminution of action in the exhalents. This dryness of the surface is so highly irritating, that, excepting in trifling cases, we do not hope any measures will effect a resolution, in which *unremitted* local treatment to relieve it is neglected. Hence in inflammations affecting the skin, *uninterrupted* protection from the air is as necessary a part of the treatment as any other in the antiphlogistic series. Here it is of importance to remark, that treatment affecting the *temperature*, and that affecting the *moisture* of the part being often combined in our means, would appear to be too liable to be involved together in our minds; whereas it is most desirable that they should be kept distinct. Thus, in the application of lotions and fomentations, we have humidity with cold in the one case, and with warmth in the other. In both cases we have humidity; but its paramount influence is liable to be obscured by that which produces the more immediate sensation in the part, the cold or heat of the application. Important in the treatment of inflammation as is cold in some cases, or warmth in others, their importance is much exceeded by that of the humidity. If, in place of a cold *lotion*, a current of cold but dry air were directed against an inflamed part, instead of affording any relief, it would, in most cases, prove irritating; and still more irritating would be a blast of *hot dry air*, substituted for a *fomentation* of the same temperature. Yet, in the one case, cold, or an abstraction of heat, and, in the other, warmth, or a retention of heat, would be as fairly applied, if not to the same extent, as if the fluid medium were liquid instead of gaseous. In short, experience tells us that no modification of the temperature of an inflamed part will be availing unless its humidity is artificially preserved; and this preservation of the humidity must be *uninterupted*. Hence, in cases where liquid applications are not incessantly employed, the humidity of the part must still be preserved by detaining on its surface the perspired fluid. Ointments, plantain-leaves, plasters, and other substances impermeable by air or moisture, act, of course, chiefly in this manner. They may be made a menstruum for medicinal applications; but where the skin is sound, these can have, in comparison with the preservation of the humidity, but little effect. If this be neglected, no treatment, how active and judicious soever in other respects, will save a part from destruction where the inflammation runs high. These are facts with which experience has rendered us so familiar, that to dwell on them may appear as needless as to labour in the establishment of a self-evident proposition. The sequel, however, will, I think, show, that this is by no means the case; but that these

practical truths must not be carelessly appealed to by the writer, and in like manner assented to by the reader; they must not merely receive admission into, and then pass out of, our minds; but they ought, for the purpose in view, to hold a foremost position in them for a time.

As we proceed from a surface which, in health, is comparatively dry, that is, in which the exhalents and their accompanying nervous points are at ease when in a healthy state, without having a watery medium interposed between them and the air, and do therefore, in their ordinary condition, supply no more of the perspired fluid than can be removed by the air at the moment of its deposition; as we turn our attention from the skin, for instance, to a membrane, the extreme vessels and nervous points of which are so delicate as, like some aquatic plants, to need a fluid to support them; and for this end have their secretions so copious as constantly to flow over them in a liquid stratum, of which description the tunica conjunctiva of the eye is a remarkable instance, doubly provided as it is with secerning resources; as we direct our attention to this membrane, we find the foregoing truth strongly set forth in inflammatory affections of it, or of the organs it invests. In ophthalmitis, in most of its acuter forms, although evaporation from the surface of the eye itself must be nearly arrested by the firm closure of the eyelids, the drying of their outer skin even, and of the neighbouring parts, is insufferable, and calls for an abundance of liquid applications; and when these are desisted from, of unctuous. They are indeed, next to depletion, one of the most necessary parts of the treatment. As to the former case, it is not the warmth or cold, liquid applications are commonly the menstruum of conveying, which can be considered as the chief source of comfort; for oftentimes both of them may be employed on the same day in certain states of the eye. Though to produce an impression by heat, or by cold, is indeed evidently beneficial, it is the *moisture* conveying the impression which is of chief value; for cold or warmth could afford no compensation for its absence. This fact would be rendered manifest if a current of cold and dry, or hot and dry air, were conveyed over the eye. It would be distressing if externally applied, and destructive if directed into the eye.

If instead of fomenting, anointing, and covering up, an inflamed part should be left to the action of the air, though there should be no abrasion of the surface, the injurious consequences which might be expected are familiar to every one. The redness, turgescence, and pain would return, all indicative of a renewed determination of blood towards it, which would be less easy to remove in proportion as the irritability of the local vessels became aggravated by their debility. If the exposure to this exsiccating influence were persisted in, we know that in some cases a destruction of the part, if not of the life of the sufferer, might be the consequence. In fine, the physiologist discerns the functional characteristic of membranes exposed to the action of the air, to be a power of exhaling with greater activity than they absorb; and he perceives in it a wise provision for maintaining their soft condition under its drying action; and for making *it* the vehicle for carrying off excrementitious matters from the blood, and with them a portion of the redundant animal heat; and such an excess of exhalation over absorption he sees to be indispensable for their healthy condition. But to the observant pathologist it must surely be plain, that when such membranes are inflamed the state of things is reversed.

Exhalation is now a laborious, irritating, and ill-performed duty; while aqueous absorption is very soothing to the part. The tendency of such membranes when inflamed to suffer by exsiccation on the one hand, and the very soothing effect of moist applications on the other, can be explained, I think, in no other way. To give rest, therefore, to the exhalents of an inflamed membrane, and to favour action in the absorbents, are to be considered important indications in the treatment. If this be true of the coarser external membrane of the body, guarded as it is so considerably by the epidermis or scarf-skin, it must, *a fortiori*, be truer of the finer pulmonary membrane, of the absorbing power of which there can be no question.

We may, I conceive, affirm thus much without advancing upon hypothetical or debated ground. Though it would be interesting and instructive to the mind, we need not here involve ourselves in the question of the capillary circulation, and the manner in which it is affected by moisture applied to the surface of a membrane. We have facts enough, familiar to every one, upon which to rest, without undertaking the explanation of them. And as we are transferring our argument from the cutaneous to the pulmonary membrane, we may defer the question of cutaneous absorption, and rely upon the assurance that no physiologist will deny to the pulmonary membrane an abundant power of absorption; and if he should, we may fall back upon our facts (leaving to him the onus of their explanation) and rest upon them the strong argument of analogy. Moreover, we find the force of this argument to augment as we pursue it.

Thus, if the exposure of an inflamed skin, or conjunctiva, to a quiescent atmosphere is so irritating, what must be the effect upon the mucous membrane lining the air-tubes, of a current of air sweeping backwards and forwards over its surface during the necessary process of respiration.

Furthermore: to a mind well informed in physiological researches, the various facts must here present themselves, which have established a close approximation of the skin to mucous membranes in its structure and functions. This consideration will give to the argument from the skin the force of that drawn from the mucous lining of the eye, and it renders the analogy in the case of the pulmonary membrane too close to be resisted.

We are thus led on, by the strictest inferences, to view this membrane in the acute stage of bronchitis, pulmonitis, &c., as injected and arid; and by the sound of the sufferer's respiration and the dryness of his cough, our ears are informed that the analogy is too correct, and that the parts are suffering from exsiccation in the same manner as an inflamed skin or eye exposed to the air, but in a degree as much more distressing as the pulmonary membrane is more delicate, and the change of air over it more frequent. If we pursue the inquiry still further into the acute stages of the above, and other affections of the lungs, we shall find that their various symptoms, however distinct and peculiar, have one character in common, that of suggesting to our perception, when once directed to the subject, that the pulmonary membrane is suffering distress from the drying action of the air, superadded to that of the specific inflammation present. We shall, I think, find this so strictly true, in almost every instance, that the obstinate character of some of those diseases, and the frequent relapses, might cease to surprise us, however otherwise judicious might be the treatment, so long as the lungs were not guarded thoroughly and uninterruptedly against the process of exsiccation. Without such a thorough and uninterrupted provision, we might rather wonder that resolution should ever take place in acute affections of the chest. With the urgency of the case before us, we cannot fail to desire that the pulmonary surfaces, whether acutely inflamed alone, or involved in inflammation with other parts, should be as thoroughly and continually guarded against exsiccation, and as well supplied with moisture to satisfy the avidity of their absorbents as if the membrane were an exterior one, which could be laid under a poultice or bathed with fomentations. This view leads us to inquire, first, whether the measure in question, in a really efficient form, is at present in use; and, secondly, if not in use, whether the means for giving it such effectual operation are within our reach. With respect to the former inquiry, the instrument called the inhaler cannot have failed to present itself to the mind of the reader who has favoured these observations with attention, and to have been pronounced by him, I should think, altogether unequal to the duty before us, however well fitted some forms of it may be for the comparatively trifling purposes for which it is employed. Upon his turning from the inhaler to any other method lately recommended for making a local application of remedies to the lungs, in which the vapour of water plays a part, it appears to me he must come to the same conclusion with respect to them, namely, that, although well adapted for the purposes for which they have been introduced by their able employers, they do not include in their mode of action any such an object as that before us.

Before passing on, however, to our second inquiry, after some method for giving thorough efficiency to the humid treatment, it will be proper to remove all doubts of the inefficiency of any measures at present in use. We may, therefore, in the first instance, examine the different forms of the inhaler. These will be found to act in three ways; in one kind air is heated and rendered humid, by the air itself being made to rise up through the body of the water. Dr. Mudge's inhaler, when acting according to its principles, is of this kind. Also one I have understood to be Dr. Ramadge's. The drawing of the air through the body of the water has always appeared to me objectionable. The temperature of the air is liable to be too hot at first, since, by penetrating the water, it rises to the full heat of it; and by taking too much heat at first, it cools the water rapidly. Also I cannot think it desirable to subject weak lungs to the labour of inhaling against the pressure of a column of several inches of water. In another form of the inhaler, a tube of metal winds, like the worm of a still, through hot water. In this instrument the air is heated, but not moistened, and is thereby brought to an arid state, ill suited, I should think, for almost any conditions of the lungs.

In the third kind of inhaler the air is carried over the surface of the liquid, which I have always considered the preferable plan. Dr. Mudge's inhaler, as commonly made, acts in this manner; but, as the course the air takes is equal only to the radius of the circular vessel, it becomes necessary to make the apertnre very small, that no more air shall enter than can be rendered warm and moist during the short transit.

To obviate this defect, I constructed for an invalid friend six years ago an inhaler of a very simple kind, which appears to me to give the instrument whatever efficiency it admits of. A long band of thin sheet tin or other metal is coiled into a volute. Of this one edge is soldered against the inside of the lid of a saucepan-formed vessel. When the lid is put on, the other edge dips below the surface of the water in

our medical brethren of our opinion? We will test them. Let us be furnished with the complete list for each of our subscribers' districts, and the black catalogue of English quacks shall appear before the world on their own day—the first of April. Will our friends bestir themselves in what is strictly their own work? Let them do their duty—the Medical Times shall not fail to do its share in supporting them. Let us have a full list—for that we want but activity in each of our subscribers—and no fear of consequences shall hinder us from unkennelling the knaves on all Fools' Day.

But while urging on the profession the duty of carrying out, with their own hands, the measures of defence which lie open to them, we still would strongly press upon Sir James Graham, and those who act with him, the urgent necessity for legislative interference. The intrusting of lives to the care of brutal ignorance, when cultivated science, unemployed, awaits the important charge—the state patronage, at the same time, of a legal body of qualified medical men, and of an illegal body of non-qualified men—the destruction of the rightful expectations of the members of a vitally useful and essential profession—the life-long miseries and executed deaths inflicted on hundreds and thousands of deserving subjects; such is the anomalous compound of enormous injustice, impolicy, and frightful social deformity, unparalleled in civilised Europe, which the profession rightly demands to be annihilated:

> Hoc fonte derivata clades
> In patriam, populumque fluxit.

If Sir James's wish really accords with ours, we tell him that he can fall into no greater absurdity than that of hoping to destroy such monstrous abuses by the agency of public opinion; and that he has only to re-study the important question, to feel that the only wise or creditable policy that lies open to him, is to walk in the footsteps of Napoleon when framing his immortal code, and make it, as far as laws can make it, impossible to gamble away lives in the ruin-strewed Bourse of Quackery.

ANIMAL MAGNETISM.

To the Editor of the 'Medical Times.'

Sir,—Much valuable time, considerable exertion, and great labour, together with vast quantities of pens, ink, and paper, have been expended in proving the existence of mesmerism, monotonism, and other such-like *isms;* but, Sir, let me ask, *cui bono?* For aught I know to the contrary, one pretty girl may be sent to sleep by the waving of hands before her brilliant and sparkling black eyes, another by playing with the ringlets of her glossy hair, and a third by the intenseness of a steady stare full in her lovely countenance; very pleasing occupations no doubt for the operator—still I again say *cui bono?* Would any of those gentlemen, think you, suffer their wives, daughters, or sisters to be thus tickled, smoothed, brushed, or otherwise manipulated into a state of sleep? I shrewdly suspect they would not. Believe me, I should be very loath to do so. 'Tis true the medical profession ought to be as sacred as the clerical, and so, generally speaking, it is; but in both cases "the treasure is in earthen vessels," and there is a point beyond which human nature should not be stretched. There were strange inuendos thrown out in reference to the originators of these cataleptic inventions; at least I think I have read something of the kind. God forbid, however, that I should, in those our more enlightened days, encourage similar insinuations. My object is of a far different character. It is to induce those who are spending their time, "for that which is nought," men, whose talents and ingenuity are worthy of a better cause, to devote them to the more legitimate objects connected with their profession. I would rather they would tell me the best method of alleviating *one* of "the thousand ills to which flesh is heir," than that of inducing sleep in a *hundred* healthy individuals.

I know I shall have a host up in arms against me—n'importe—my cause is a host in itself.

Craving a nook in your valuable columns for these hints, I am, Sir, yours most obediently,

Asmodeus.

21st February, 1842.

[Our worthy correspondent, in the sprightliness of his fancy, has overlooked the fact, that the gentlemen who are devoting so much time, and in many cases so much ability, to the *eclaircissement* of the mysteries of Animal Magnetism, are doing so out of a deep conviction that their investigations promise to alleviate not *one*, but *many* of "the ills which flesh is heir to." Mr. Braid produces patients in whom he pledges his professional character that his experiments have effected the entire removal of the most obstinate chronic rheumatisms, or the complete cure of congenital deafness. The other hint on human frailty will not be without its worth, if it induces manipulators to feel the *policy*, nay, the necessity of making their experiments always before respectable witnesses.—Ed.]

MINERAL SPRINGS.

(For the 'Medical Times.')

The importance of mineral springs in a medical, and even an economical point of view, has been of late fully proved by the numerous monographies (British and Foreign) which have appeared on that subject. Those springs, affording not only relief in diseases otherwise incurable, but being a source of wealth to the inhabitants of the respective localities, have been viewed in ancient times with a sort of religious respect—in modern periods as objects of much value and importance. It was consequently a matter of much anxiety, as well as scientific inquiry, to know why it happened that some of these sources varied at times considerably, as well in the bulk of water they produce, as also in their temperature, both of which phenomena seemed hitherto inexplicable, and still more irremediable. It is, for instance, matter of notoriety, that the great earthquake at Lisbon affected the sources of Carlsbad so considerably, that it was even feared they would altogether cease to flow. In this respect the late discoveries of M. François, engineer at Bagnères, in the Pyrences, are most important, on which M. Elie de Beaumont has made a detailed report in one of the last sittings of the Académie des Sciences at Paris.

M. François puts it down as a general law, that mineral springs are the produce of waters, which, after they have penetrated through various strata of rocks or soil, escape on the surface by a sort of artesian springs. Following up this argument in a series of experiments, M. François has succeeded in the four years he has officiated at Bagnères to *treble* the amount of water which the spring hitherto yielded, and still more to effect an almost uniform temperature of these waters—viz., about 28 degrees of Réaumur. The whole secret of M. F. is, that he follows up the spring by systematic excavations to the spot where it comes out of the solid rock; the place in fine, where it is such as chemical and physical circumstances, operating in the interior parts of the globe, have made it. Afterwards (M. François very justly observes) the waters run through several secondary, or even alluvial strata, subject as they are to occasional rending; the waters are liable to be diverted or absorbed in various, more or less, porous *terrains*, affected chemically by the different substances which such strata may contain. A portion of them may, in fine, be even swallowed up in cavities or caverns occasionally formed, all which now fully explains the occasional change of bulk, and even of temperature. M. François calls his new mode of proceeding *l'amménagement des sources thermales*, and the Academy and government have been so fully impressed with the importance of his discovery, that it has been proposed that especial surveyors should be appointed at the different mineral sources of France properly trained for this duty—a matter which we consider well worthy the attention of British medical men, and others interested in the medical affairs of the country.

J. L.

THE STUDENTS' NOTE-BOOK.—FASCICULUS VI.

BY ANATOMICUS.

Diseases of the Testicle.

Hydrocele may be diffused or encysted, the latter most commonly; it affects young persons, and one side of the cord assumes an oval shape, and is transparent. Apply cold evaporating lotions; tapping, however, is to be preferred, after which use stimulating injections, as port wine and nitras argenti, gr. x. ad. unciam.; these do not perform a radical cure, as some suppose, by causing adhesions, and thus closing the sac; but it is effected by the production of a specific inflammation which destroys the serous character of the membrane, and it has no longer the power of secreting serum. In tapping for hydrocele, we must always remember that the testicle is usually two-thirds of the way downwards, at the posterior part of the scrotum; introduce the trocar and canula on the fore part, *obliquely upwards*, indeed almost perpendicularly, to avoid wounding the testicle; withdraw the trocar the instant you believe the canula is within the tunica vaginalis, and once having the instrument in, take care to keep it there until the operation is completed, then inject, and let the injection remain in until the patient complains of the pain; he may faint if port wine and water is used; when drawn off it is yellowish, owing to the albumen having a strong affinity for the colouring matter; other injections have been used, as different astringents, milk, the fluid itself, air, &c.; we should not always inject at once, as tapping alone may cure the disease. After the injection has all come away, close your opening by adhesive plaister, and recommend the patient to wear a suspensory bandage.

The fluid in hydrocele *may* be turbid and uneven, owing to former attempts to cure the complaint, and the testicle may be adherent to the front, thus obscuring the diagnosis. Hydrocele may be confounded with fungus hæmatodes or hydatids; in the former there may even be real fluctuation, but confined to one spot; to form your diagnosis bid him cough, and at the same time hold the cord. If you suspect it to be a hernia, observe the following rules, and you will soon be enabled to discover which it is. In hernia the tumour is rather elastic, and becomes distended when the person coughs; it also occurs suddenly, either from over muscular exertion, or from a blow. In hernia, the swelling always begins on the top of the scrotum, and gradually extends downwards. In hydrocele, a candle placed at the opposite side of the tumour, will make the contents of the sac appear transparent.

Lipoma.—There is a difference of opinion about this complaint; some say it begins with pain, while others say it does not. An abscess forms between the testicle and skin, and the substance of the former projects; the projecting part is of an oval form; Mr. Lawrence pares it off to a level with the skin, to cause it to ad-

here; Sir B. Brodie sprinkles hyd. nit. oxyd. over it; but Mr. Lawrence's plan is the best.

Varicocele.—In varicocele, the distended veins feel like earth-worms; a consequence of it sometimes is atrophy of the testicle; it occurs most commonly in the left, and is frequently connected with diseased mesenteric glands, and generally met with in tall individuals; a suspensory bandage should be worn, and the patient treated on the same plan as for simple varicose veins.

Testitis arises either from gonorrhœa or injuries; in the course of the complaint, the testicle and epididymis become both involved, and cannot be distinguished one from the other; it commences either in the epididymis, or in the body of the testicle. When it arises from gonorrhœa it makes its first appearance as the discharge from the urethra is disappearing; if you lift the testicle it gives pain, which is felt in the cord. Among the remedies which have been tried, are strapping and cupping the loins.

Hydatids or cysts are formed within the testicle; it affects young people, is not attended with pain. The disease begins at the extremity of the epididymis, where it joins the testicle. The spermatic cord is a little varicose, but not hard; the spermatic veins are large. This complaint is sometimes confounded with hydrocele; the testicle becomes very large; there is no pain at the commencement. The testicles must be removed; it is not a dangerous disease.

Cancer.—This is a rare disease; it begins in the body of the testicle, with an *extremely hard* swelling; it feels like a marble body within the scrotum. The testicles are tuberculated on the surface; the spermatic cord is enlarged; the tumour forms beneath the emulgent artery. The testicles are very little enlarged; the loins often become enlarged and œdematous; the countenance is yellow and sunken. There is a fixed redness in the centre of the cheek; this disease returns if removed. In the course of the complaint, an ulceration taking place, a fungus springs up, in which it differs from cancer attacking the breast.

Fungus hæmatodes commences in the whole body of the testicle, the swelling is more globular at first than in hydrocele; it has a different feel in some parts than in others, although if not examined very carefully it may be thought uniform. As it proceeds, the epidydimis becomes affected, and then the spermatic cord. This disease occurs in young children. An operation seldom succeeds; there is generally fungoid disease in other parts.

Irritable Testicle.—In this disease there is intense pain, but the size and appearance are unchanged; various remedies have been tried, such as preparations of iodine, iron, and narcotics; division of the nerves may be tried previous to castration; there is a striking analogy to irritable mammæ. Castration may as well be mentioned under diseases of the testicle.

The patient is to be laid on a table, and an incision is then to be made opposite the abdominal ring, and continued some distance down the scrotum, in order to lay bare the spermatic cord and testicle. The spermatic cord, thus laid bare, is to be detached from the surrounding membranous connexion; and then, with the finger and thumb, the blood-vessels are to be separated from the vas deferens. A ligature is next to be passed between them; having secured the vessels, the cord must be divided about one-quarter of an inch from the ligature. The testicles are then to be dissected out from the scrotum. Should any vessels bleed, secure them; unite the wound by the first intention, and support the scrotum by the T bandage.

Chimney-sweeps' cancer occurs during puberty; its progress is very slow; it commences at the anterior inferior part of the scrotum: it is first like a wart, and afterwards a dirty superficial ulcer; the edges are irregular; you will know it has spread to a neighbouring part of the scrotum, by the warty feel of the part.

REVIEW.

Contributions to Aural Surgery. No. IV., &c. By James Yearsley, M.R.C.S., &c. Nisbet and Co.

Condemned by our duties as journalists to a general perusal of the daily and weekly newspapers, we have met with Mr. Yearsley's euphonious name so very frequently, in such singular company, and under such very peculiar circumstances, that we have been suffering for months under a morbid appetite for further acquaintance with the gentleman. While one column of the Dispatch or Weekly Chronicle has presented us with an advertisement so elegantly attractive, that we have almost regretted our having no aural malady which would enable us to add a fresh item to Mr. Yearsley's contributions to surgical science, we have seen, in another part of the journal, an editor's or sub-editor's *disinterested* notice to some half-dozen *malades imaginaires*—for editors can create ear-patients as fast as their friends, cathcter-surgeons, can kill them;—"that for all aural diseases the best gentleman to consult is Mr. Yearsley, who lives in such a street, Piccadilly." A surgeon with such distinguished recommendations, whose name is as often before the public as those celebrities, Messrs. Goss and Co., Mr. Holloway, and Widow Welch, and who, rising one step even above the Dispatch, gets his contributions into the *greenhorn*-book, courteously 'ycleped the Medical Gazette, such a gentleman, we reasoned, contributing so largely—out of his pocket—to medical science—for let us frankly own that Mr. Yearsley is a great proficient in that important part of medical science—the knowing how to work himself into practice,—such a one, we said, has a fair right to have his fame made known to every member of the profession, and is therefore peculiarly fitted for the pages of the Medical Times.

Mr. Yearsley commences his work by telling us that it contains "his new conceptions of ear disease"—(we trust the author, when he next conceives, will bring something fairer than ear disease into the world)—and announces "that he may claim for himself some originality in the *views* he now *inculcates*, for in no author, no record can he find ascribed to the mucous membranes the important *part* they unquestionably *play* in the *production* of aural disease." He adds "that of late years his attention has been much directed to the mucous membrane, and the result of his investigations has satisfied him that a very considerable majority of deaf persons have the lining mucous membrane in a diseased state." This important discovery, we are carefully assured, was unknown to writers on medicine, or to any aurist, for "*all* aurists," except Mr. Yearsley, "directed their attention too exclusively to the ear itself;" nay, "even the acute Kramer, though often approaching so nearly, as to render it surprising that he did not arrive at a clearer comprehension of the subject, never suspected the important *part* played"—the same phrase again—"by the mucous membrane in the production of disease!" The man who discovered that "Hamlet was an important character in the tragedy"—the man who discovered that he had been speaking prose all his life—the man who discovered the other day that there were such things sometimes as tubercles in the brain of children, "played but unimportant parts in the production" of discoveries, compared with Mr. Yearsley. He is to them as Columbus to the Rosses and Parrys of to-day, and future times will commemorate him as the Harvey, the Hunter of aural surgery. Mr. Yearsley assures us, "that when he commenced his investigations aural disease was a subject upon which little could be learned by reference to the opinions and practice of his predecessors, *and, he may say*, of his contemporaries." Let Mr. Yearsley but continue his career of discoveries, and no successor will be exposed to the same discouraging difficulty; it will be odd indeed if he does not see the day to which he says (page 5) he so sanguinely looks forward, when, by "his increasing successes ear disease will be no longer an opprobrium, but add another laurel to the triumphs of medicine!"

It is a cruel thing to undeceive Mr. Yearsley in these glowing expectations, but we cannot resist the temptation of telling him, that the subject of the mucous membrane, and the various parts it plays, have been touched on before his day; that it was not unknown to Abernethy when writing on the stomach, to any of the surgeons who have written on the eye, or to Mr. Yearsley's aural predecessors and contemporaries—Schmalz, of Dresden, M. Itard, Dr. Linke, M. Deleau, Stevenson, Curtis—in short, any one who has written on the subject. As it is, we content ourselves with suggesting to him the advantages he may evidently derive from consulting their works, and just asking him the question how any man, with even one of his seven senses left, could know anything of the theory of acoustics, or treat of cold, dyspepsia, scrofula, &c., as causes of deafness, without knowing that the diseased conditions of the mucous membrane "unquestionably play an important part in the production of ear disease?"

Mr. Yearsley, as anxious for novelty of professional theory as he is well known for *novelty* of professional practice, sustains his discovery on the all-importance of the mucous membrane, by knocking down very unceremoniously the common belief that the nerves exercise some little influence in the phenomena of hearing. "He," we are told, "does not mean to proscribe nervous deafness as a nonentity." Why? "He has himself *written* on the causes of cases unequivocally deserving the *name*." Mark the difference, however. "But I strongly aver that my compeers have been pursuing a phantom under this name!" (page 13.) Id est; in his rivals' hands nervous deafness is a phantom—in his it is a reality; and thus by making it existent and non-existent, the writer conveniently gains two points—the proof of ignorance against his rivals—of superior tact and consistency (for he has written on nervous deafness!) on the part of Mr. Yearsley. One word on this subject. Has Mr. Yearsley never heard of lesions of the acoustic nerves? Are the lesions rare? Are the nerves not several and complicated? Is there any better name than nervous deafness for their diseased effect? Again. Is he ignorant that surgeons have agreed, for convenience sake, to call the deafness which obtains in the absence of any disease of the *external*, or middle ear, nervous deafness, whether the hard parts in the interior and their lining membrane, or the auditory nerve itself, be the seat of disease? If he be not ignorant of this, what impudent pilfering of originality! If he be, what senseless, ignorant pretensions to surgical knowledge! Another favourite novelty of this distinction hunter is, that mercury is "ten times" more likely to cause deafness than syphilis, and this view he sustains by attributing in his table 43 cases out of 1000 to mercurial medicines, and none to syphilis, unless syphilis happen to be included under the head of cutaneous diseases, under which, nevertheless, he ranks but 23

the vessel. Thus a capacious spiral passage is formed over the water by the coil. A free opening is made through the lid at the central, and another at the peripheral end of the coil. Through a tube attached to the latter aperture, air is drawn with the greatest ease, and is moistened and warmed as steadily as I think can be effected by an inhaler. Such of my invalid acquaintances as have tried it, have all found it to possess the advantages expected. I have not thought it worth while to trouble the profession before with an account of it; but as the subject is before us, I may recommend the construction to the attention of physicians in the habit of employing the inhaler, as that which, on principle, should command a steadier effect than any other I know of. Dr. Harwood, of Hastings, in a work on inhalations, containing many judicious observations, has described a form of inhaler, in which, as in my own, the air is warmed and moistened by the vapour arising from the water. But without the spiral arrangment, or some similar provision, an inhaler cannot, I think, act to the best advantage. However, for the purpose before us, I would place no reliance on any inhaler. In such an instrument, it is not possible the temperature or moisture should be under any adequate control. It is only necessary to contrast the small differences of temperature between the cold, the tepid, the warm, and the hot-bath, with the remarkable differences in their effects, and to reflect how disappointing would be their action if they were employed promiscuously, to perceive at once the uncertain action of any such apparatus as the common inhaler, however we may improve upon it. Moreover, it requires the co-operation of the patient. It cannot be employed uninterruptedly, even when he is awake, and has to be laid aside during sleep. For our present purpose, this alone renders it almost worse than useless. Having admitted the analogy between the mucous lining of the eye and of the lungs when inflamed, what should we say to carefully fomenting an inflamed eye at one hour, and then forcibly exposing the conjunctiva to the drying action of the air at the next? Yet such is the course we adopt, if we place any reliance on the use of an inhaler, in the acute stages of pulmonary inflammations. In a paper entitled 'Observations on the exhibition of remedies in the form of vapour in pulmonary diseases, with the description of a diffuser for the administration of iodine, chlorine,' &c., Doctor Corrigan, of Dublin, justly comments on the defects of the inhaler, even for such purposes, while he describes a neat, simple, and more efficient apparatus for the diffusion of medicated vapours in the air of a patient's apartment, consisting of a basin of water suspended over a spirit lamp, with a flask inverted above the basin, into which a determined number of drops of the iodinous or other solution fall from the flask, and are carried off in the vapour rising from the water, and diffused in the apartment. Allied in its object to this arrangement is the measure proposed by Doctor Williams, that of causing medicinal substances to be suspended in the air of a chamber, through the solvent agency of the vapour of water, into which chamber the patient is to enter at stated periods, remaining there a prescribed time. Well suited as are either of these plans for the purposes contemplated by their able employers, it is obvious they are not calculated to embrace the treatment before our view. Moreover they involve the skin in the same atmospheric treatment with the lungs. A temporary and imperfect action, it is true, but then it is proportionally inade quate for such a treatment of the lungs as we are seeking. Indeed the affections for which medicated vapours may, with good service, be employed, are of a more chronic kind than those of which I am now treating. In the case of these it would almost be desirable to keep medicinal applications to the lungs altogether out of view, lest they should occupy our attention to the exclusion of an agent of incomparably greater importance in acute disease—*an atmosphere brought to a determined and unvarying hygrometric and thermometric condition, and exercising its influence unremittingly on the pulmonary membrane.*

[In the pursuit of our plan of presenting our readers every important novelty springing up in the medical world, we have thought it right to transfer from the Medical Gazette the above well-reasoned and extremely interesting paper.]

MEDICAL MEMS. OF THE WEEK.

By PERISCOPICUS.

Mons. Saint Hilaire, arguing from the principle that all monstrosities are mere departures from the fixed rules of nature, thinks they are extremely limited in their varieties, and may be classified under a few heads which will include all future instances of such deformities. He supports his views by showing the fœtus of a sheep having all the peculiarities of the acephalic deformity in the human subject.

M. Bischoff distinguishes antimonial from arsenical stains, by the applying a solution of chlorine, which acts only on the former. M. Chevalier uses a solution of chlorate of soda, which leaving antimonial spots untouched makes the arsenical disappear instantly.

M. Tavignot has applied the subcutaneous method to the ligature of the arteries; of course the situation of the artery, as regards depth, nearness to nerves, &c., are questions which are to be considered before adopting this novel mode, but in certain favourable cases M. Tavignot is much in its favour. On the lower animals the success has been complete.

MEDICAL NEWS.

Students' Association.—A meeting of Medical Students was held on Saturday evening, the 26th instant, at the Crown and Anchor, Strand. After much animated discussion, it was resolved that a committee should be formed, to whom should be delegated the duty of drawing up rules and taking the necessary steps to call a General Meeting of the Students of London.

Railroads.—From a suggestion made by Sir Sidney Smith, it has been recommended to stud railroad embankments with cuttings of the balsam poplar. Their ramifying roots would form a compact matted mass, which would effectually prevent landslips.

The Literary and Philosophical Society of St. Andrew's.—The regular monthly meeting of this Society was held on the 7th February—Major Playfair, V. P., in the chair. The following donations were presented to the Society by Sir David Brewster:—Coloured Drawings and Description of the magnificent Tussa Moth, from the East Indies; Engraving of the Vitrified Fort in the Kyles of Bute; and an Original Sketch, by C. Lyell, Esq., of the Geology of the Banks of the Carity, in Forfarshire, near the Farm of West Balloch.—Major Playfair exhibited to the Society a number of very beautiful Daguerreotypes, which he had executed since last meeting of the Society by the quick process of M. Gaudin, some of them in *five* or *six* seconds. The specimens were greatly admired.—Sir David Brewster directed the attention of the meeting to the contents of a paper in the *Comtes Rendus des Seances de l'Institut*, October 1837, by MM. Trecourt and Oberhaeuser, on lines observed in cut diamonds. Sir David Brewster, who had long ago discovered lines in the precious stones and gaseous cavities in diamonds, more recently observed streaks and bands, reflecting different degrees of light on the ground and polished surface of a diamond lens; and in communicating this fact to the British Association at Liverpool in 1837, he conjectured that these bands were sections of veins, of different refractive power. After a more close investigation of the structure, however, he found that, by changing the direction of the light, the darkest bands became the lightest, thus indicating that they were crystallized faces, or terminations of the crystallized veins which form a composite crystal. Messrs. Trecourt and Oberhaeuser stated that the *lines* in the diamond are *small prismatic canals*, or *interstices left during crystallization*; but these statements are not in opposition to the facts observed by Sir D. Brewster, who describes *systems of bands reflecting* different degrees of light, and not systems of lines. According to the two distinguished opticians above named, the lines in question injure the lenses, because ground-off particles lodge themselves in the orifices of the canals, and afterwards come out and produce scratches which destroy the polish. Now this could not be the case in the diamond lens examined by Sir D. Brewster, because it gave *three images*, which scratches never could occasion. These fales images he conceived to be produced by systems of faces differently inclined to the general surface of the lens.—Professor Tennant read a learned paper on the climate of the Holy Land and Egypt, and he drew the conclusion that the climate of Palestine has not undergone any material change.—Sir David Brewster read part of a letter by Professor Encke of Berlin, on the expected return of the comet of that period.—(*Encke's* Comet.) As every return of this comet has been observed since 1819, Professor Encke was desirous of having his ephemeris of its position conveyed to the Cape of Good Hope, where it may be well observed during the end of April, the whole of May, and probably also of June. The following are its elements:—

Epoch 1842, April 12, 0 h. Berlin mean time.

Mean anomaly	359 d. 58 m. 34.3 s.	
Sidereal daily motion	1070.61433 s.	
Angle of excentricity	57 ,, 39 ,, 13.8 ,,	
Longitude of perihelion	157 ,, 30 ,, 4.7 ,,	Mean Equinox of April 12, 1842.
Long. of ascending node	334 ,, 39 ,, 1.8 ,,	
Inclination of orbit	13 ,, 24 ,, 24.8 ,,	

Professor Encke is of opinion that the differences between observation and calculation in 1838, were owing to the incorrectness of the received mass of the planet *Mercury*, which he now assumes to be $\frac{1}{486.57.8}$ or 5-12ths of that of Lagrange; and by taking the mass of Jupiter at $\frac{1}{1047.871}$ as determined by Mr. Airy, and confirmed by Bessel, he obtained the following remarkable relations between the densities of the planets:—

	Density.		Density
Mercury	1.12	Sun	0.25
Venus	0.92	Jupiter	0.24
Earth	1.00	Saturn	0.14
Mars	0.95	Uranus	0.24
Mean	1.00	Mean	0.2175

"Consequently," says Professor Encke, "*the Solar System appears to be composed of two sets of bodies whose densities are either nearly =1 or =¼, and which are separated by the interval between Mars and Jupiter, where there exists no large planet, but only the four small ones.*"—Sir David Brewster laid before the

Society the following letter addressed to him by the Rev. Dr. Farquharson, of Alford, F.R.S., and Honorary Member of this Society, in relation to a meteorological register accompanying it. Sir David considered the views given by Dr. Farquharson relative to the influence of the visible horizon as entirely original and highly important.—"My dear Sir,—You did me the favour to indicate the two hours of the day at which the mean temperature of this place would probably occur, and for the last year I have adhered to your indication of 8¾ h. A.M. and 8 h. P.M. instead of 9½ h. A.M. and 8½ h. P.M. The result having well answered your anticipations, I cannot deny myself the satisfaction of putting you in possession of the inclosed copy of the mean results of the register of the thermometer here for 1841.—The mean results of the morning hour indicated by the observations at Leith, came always out higher than those of the evening hour indicated by the same observations, often by about one degree, and sometimes a great deal more. You will perceive that the results of the two hours you named to me, differ from each other only by about 1-13th of a degree.—It would seem to me that the difference between this place and Leith, in regard to the hours of mean temperature, is dependent on the varying elevation of the visible horizon at this place. Alford is in the bottom of a vale of about 10 miles in length from E. to W., surrounded on all sides, excepting the S., by high hills, and is much nearer the west end of the vale than the east; so that, while the visible horizon at the west quarter all round from S.W. to W. and N. is about 4½ deg. above the true, the visible horizon on the east quarter is only about 1½ deg. above the true. At Alford, therefore, much more of the power of the evening sun is cut off than at Leith, in the middle of the extended vale of the Forth; and hence the depression of temperature at 8½ h. P.M. —This view of the case seems confirmed by another incident that belongs to this place. You will perceive in the table I now send you, that the temperatures at 8½ h. A.M. are lower than those of 8 h. P.M., for the months of October, November, December, January, February. This seems to me to be owing to a rising ground of considerable extent a little to the S.E. of Alford, the ridge of which forms angles of 6 deg. and 7 deg. with the true horizon, and interceps the morning sun in winter, but not in summer. The comparative inferiority of temperature of the morning hours in winter has prevailed, with few exceptions, during the nine years I have kept those registers.—I did not advert to these circumstances till after I received your suggestion to change the hours of observation; and I know you will excuse me for making them known to you. You first taught us to make a proper estimate of the value of the observations that may be made by the thermometer, and are entitled to be put in possession of such notices, derived from experience, as best qualified to turn them to proper account. I am, my dear Sir, yours very truly,—JAMES FARQUHARSON.—Alford, 4th January, 1842. —To Sir DAVID BREWSTER, &c. &c. &c.

NAVAL.

Appointments.—Surgeon T. W. Reid to the Implacable; Assistant-Surgeon C. G. Campbell to the Scylla; J. W. Mudard to the Minden; R. Anderson to the Implacable; A. L. Erskine to the Alfred; G. Piercy to the Ringdove; T. Brown to the St. Vincent; G. M. Isabell to the Implacable,

ARMY.

8th Regiment of Light Dragoons—Assistant-Surgeon Isidore Anthony Blake, from the 8th Foot to be Assistant-Surgeon vice Gaulter.

HOSPITAL STAFF.—Assistant-Surgeon T. C. Gaulter, M.D., from the 8th Light Dragoons, to be Staff Surgeon of the second class.

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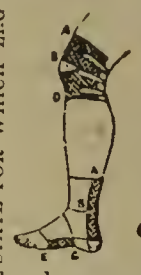

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COURSE OF CLINICAL LECTURES ON PNEUMONIA.

Delivered in the Hospital of La Charité, by Professor CHOMEL.

LECTURE IX.

Signs furnished by Percussion, Inspection, and Mensuration of the Thorax, and by the application of the hand.

1. *Percussion.*—Before proceeding to the signs furnished by percussion in pneumonia, I will enumerate some general details which ought always to be present to the attention of the practitioner who wishes to obtain any exact results from this kind of exploration. The sonorousness of the thorax in the normal state varies in some of its regions; thus the sonorousness of the costal region is much greater than that obtained by percussing the region corresponding to the costal tuberosities and the scapulæ. To judge of the state of the latter region, therefore, we must always take care to separate the scapulæ. We should also remember that the side towards which we are placed, while exploring the state of the patient, is rather less sonorous than the opposite one, a phenomenon which seems to arise, according to M. Piorry, from the presence of the deep-seated bodies of the vertebræ in the direction of the finger with which we are percussing. With a view of avoiding this cause of error, we should operate successively on each side of the patient. To ascertain well the extent of the obscurity of sound in a lung, we should be careful, according to the advice of Avenbrugger, to order the patient to draw in his breath and retain it some time before expiring it. The chest should be percussed in each of these different periods. Supposing the lung to be impermeable, the air not being able to penetrate in a larger quantity during inspiration, the sound will be the same both before and after expiration; this cannot take place in a sound lung. Before judging by percussion of the state of any organ, we must also discover that of the organs surrounding it, and which, in the case of the lung, are the heart, and especially the spleen and the liver. M. Louis tells us of an *experienced* physician who pronounced the right lung to be in a state of hepatization in a patient labouring under typhoid fever with a tympanitic state of the abdomen, because percussion of the right side of the chest gave a much duller sound than naturally. At the autopsy the lung was found in a sound state, but the liver was pressed upwards by the large intestine, which was enormously distended with gas. (*Louis*, Recherches sur la Gastro-entérite.) On the other hand, the spleen sometimes acquires a considerable size, but without passing beyond the edge of the false ribs. M. Reynaud has also seen the left lobe of the liver become so enlarged as to cause a dulness on the left side, which might have been taken for that of effusion or of hepatization.

Percussion of the thorax enables us to discover in the course of pneumonia two orders of phenomena—the one being related to the degree of *sonorousness* of the region of this body, the other to its degree of *resistance*. M. Piorry has dwelt in a particular manner upon this second order of phenomena. In the first stage of pneumonia there is a little dulness and no resistance; in hepatization, the dulness is greater and the sensation of resistance very marked. This dulness and resistance to the fingers are invariably fixed in the diseased region, and do not shift in the various positions given to the patient. This character distinguishes pneumonia from pleurisy with *free* effusion; in this latter case, the dulness becomes displaced with the effusion. M. Piorry was, I believe, the first to make known the advantages to be derived from light or forcible percussion in judging of the state of the superficial or deep layers of the lung. According to this author, light percussion practised on a *plessimetre well applied*, enables us to judge of the state of the most superficial layers of the lung. Percussion, more forcibly applied, will discover to us the condition of these organs at a greater depth, or will reveal to us the presence of parts of greater or less density, situated beneath a layer of pulmonary tissue of variable thickness. With considerable practice, he adds, we may judge, by the degree of force which is required to obtain this dull sound from an organ deeply situated, of the thickness of the portion of lung through which this sound is obtained. Laënnec, Dance, and most authors affirm, that this dulness does not arise till after the crepitant *râle*. M. Piorry asserts the contrary; and according to him, in the majority of recent pneumonias, the dulness precedes the crepitant *râle*.—This contradiction between such distinguished observers is merely apparent; for Laënnec and Dance have spoken only of well-marked dulness, whilst M. Piorry, whose tact in percussion is so well acknowledged, refers to the most early indications of this phenomenon.

2. *Inspection of the thorax.*—1st. *Do the movements of dilatation and of contraction of the thorax*, on the side affected with pneumonia, remain intact, or are they diminished or entirely absent? Laënnec states that he has never been able to ascertain a manifest and constant inequality in the movements of the two sides of the thorax, except in the case of very abundant empyema, or of malformation of the chest; he has, on the other hand, several times assured himself that the dilatation of the thorax is perfectly equal in phthisical patients, whose lungs are very unequally filled with tubercles, and also in those affected with peri-pneumonia, or pleurisy on one side only. On the other hand, many authors have ascertained that when the lung becomes impermeable to the air, the region corresponding to the lesion does not dilate at all, or else dilates less than that of the opposite side, so that we may often recognise by this inspection alone the seat of the pneumonia. Under this view then, we must distinguish two orders of movements of the thorax, namely, *movements of the entire chest* and *partial movements*.—The *entire* movements do not appear to be lessened by the presence of inflammation in one lung; they are often augmented, whilst the *partial* movements are much weaker. Still some authors, M. Piorry in particular, affirm that the mobility of the ribs in the points corresponding to the seat of the pneumonia remains unaffected in a great number of subjects labouring under this disease. This point of diagnosis requires further researches to render it of much importance. Respiration is often costal or diaphragmatic; the inspection of the thorax will enable us to discover this deviation, a point which may be of utility in some cases.

2nd. Some *peculiar beatings* of the thoracic parietes have been sometimes noticed in the course of pneumonia; Laënnec attributed them to the transmission of the pulsations of the heart through the medium of the hepatized lung. But Dr. Graves, who observed these pulsations over the whole anterior part of the right side of the thorax, in a man whose chest was very large, and finding that at most of these points the beating was as strong as that of the heart itself, is disposed to reject the opinion of those authors who explain the pulsations by supposing the compression of the lung by the heart; for if such were the cause of this phenomenon, the pulsation would be proportionally weaker as the distance, at which it was perceived, was greater from the point in immediate contact with the heart. Now, the Professor affirms that the pulsation was equally strong in the points most distant as in those nearest to the heart.—"The pulmonary tissue in our patient," he says, "was not solidified, as there was neither bronchial respiration nor bronchophony; but it was gorged with blood, being in a state called *engorgement*. In this state of softening and *engorgement* in which the lung is almost demi-liquid, it is easy to conceive how this organ, being connected with the heart by vessels of large calibre, may give pulsations equal in force to those of an aneurism. The brain beats in a remarkable manner with each pulsation of the heart. Cerebriform and fungoid tumours, on the surface of the trunk and limbs, sometimes present, for the same reason, pulsations so strong and manifest, that they have sometimes been taken for aneurisms. When the lung is solidified by the progress of the inflammation, we may perceive as well as hear the pulsations of the heart over a large surface; this exists also in cases of tuberculous induration; but, in either case, one could never mistake the pulsation given to the thoracic parietes from these causes for the beating of an aneurism situated within the thoracic cavity. When this pulsation peculiar to inflammation of the lung exists, it announces a grave affection; for then the heart is violently excited, and it is difficult to bring it back to its normal degree of action. In some cases of this kind, the action of the heart is so intense as to give rise to pulsations not only in the inflamed lung, but also in the superficial veins of the extremities, a circumstance which proves the truth of the explanation which I have given as to the thoracic pulsations. I have seen, in company with Drs. Collis and Sir P. Crampton, a patient affected with pneumonia, in whom the action of the heart was very energetic; in the whole of the veins in the back of the hand, a distinct pulsation was observed corresponding to each stroke of the left ventricle."

3. *Mensuration of the thorax.*—Do the thoracic parietes in relation with a lung in a state of acute inflammation undergo a similar dilatation to that which is so frequently observed in pleuritic effusion? To answer this question, we should require a number of carefully selected facts, but these are at present wanting. We shall merely say that M. Woillez, who has in a particular manner given himself to researches of this kind, did not discover this dilatation in two cases of acute pneumonia, the only cases to which he directed his attention in this respect.—During the whole duration of the disease, there was not the least change, says this author, in the outer configuration of the chest.

It is, however, different with individuals who have been previously affected with pleuro-pneumonia. In cases of this kind we often meet with partial retraction of the affected side. This retraction, which is sensible both on inspection and mensuration, and which, I believe, has not hitherto been described nor even pointed out, is probably owing to the re-absorption of the slight pleuritic effusion which most frequently accompanies pneumonia.

4. *Application of the hand upon the thorax.*—On speaking in a state of health, the voice resounds within the chest and produces in the parietes of this cavity a slight trembling, which may be easily perceived on the application of the hand.—Now, this trembling, which ceases entirely in that part of the thoracic wall corresponding to a pleuritic

effusion is, according to various authors, preserved and perhaps even exaggerated in cases of pneumonia. M. Andral however thinks otherwise, and affirms that this vibration is completely absent, when the lung becomes impermeable either in the case of pneumonia or of pleuritic effusion. I regret my inability to clear up this point of difference, not having found in my observations any precise data on this subject. I shall merely say that, according to M. Fillion, Petit, the physician of the Hotel Dieu, frequently employed the following means to discover which was the affected portion of the lung. "The hand is to be carefully applied upon the chest, and the patient desired at the same time to speak loudly. The observer will then perceive a kind of crepitation, or very marked trembling in the sound portion of the lung, a sensation which he will not discover in the affected part." Lastly, where a purulent cavity exists, we may discover by the hand a tremulousness which is confined within certain limits, and which may be compared to that experienced on applying it upon the chest of a man who speaks with a bass-voice.

With respect to *artificial compression* upwards of the abdominal viscera, this means might be, according to Bichat, of some utility in distinguishing pneumonia from pleurisy; the pain would be very acute in the first case, and but very little marked in the second.

LOCAL FUNCTIONAL SIGNS OF ACUTE PNEUMONIA.

1. *Pain.*—Pleuro-pneumonia in adults is almost constantly accompanied by pain of a more or less acute character. In seventy cases observed in 1838, it was not absent in one, and it existed in twenty-four out of twenty-six patients seen by M. Bouillaud. Thus pain was absent in but two cases out of ninety-six. Sometimes it is *pleuritic*, acute, increased on cough, inspiration, pressure, percussion, *decubitus* on the affected side, and sudden changes of position. At other times it is *obscure*, and nearly equal during inspiration and expiration; there is a vague feeling of constriction, of general uneasiness, and of heat, as well as a sensation of heaviness, which is doubtless owing to the increased weight of the lung. At other times, again, there is absolutely no pain at all. It is then with reason that the ancients said of pneumonia.—"*Affert plus periculi quam doloris.*" It may appear surprising that so little pain is developed in inflammation of the lung, since this organ receives so many nervous filaments from the great sympathetic, and from the eighth pair. The pain which accompanies pleuro-pneumonia is almost always seated on the affected side. Still it has been met with on the opposite one; P. Frank pointed out this anomaly some time since; it also occurred in one patient out of sixty-eight who came under my care in 1834. Most commonly it occupies the mammary region; but sometimes it is found beneath the false ribs (two cases of this kind were observed in 1836 out of fifty patients), under the clavicle, or in other regions of the chest. In seventy cases of pneumonia observed by M. Barth, the pain which existed in each case was—lateral, without any precise indication in thirty-two instances; it occupied the mammary region in thirty-three; the central region in two (in one of these cases the pneumonia was double); it was seated in the shoulder in two, and in the arm-pit in one.

When the pneumonia is double, the pain usually occupies but one side, sometimes however it is felt on both sides at the same time; and, according to Leroux, when the patients have had several peri-pneumonias, the pain is almost always seated in that part where it was manifested in the preceding attacks. Some authors admit that the acute pain, called pleuritic, corresponds to those cases so frequent in the adult, in which pneumonia is complicated with pleurisy, and that pneumonia, when free from this complication, gives rise to an obtuse pain only; others again are of a different opinion. To give a satisfactory solution to this difficulty, it would be necessary to collect the details of a considerable number of fatal cases of pneumonia, in which especial attention should have been directed to this symptom, not only as to its existence, but also to its various characters. But in the absence of a collection of observations of this nature, we shall abstain from all conclusion. Pain is in general one of the first symptoms of pneumonia, sometimes even it precedes by some days its development. In general, it is more acute at the commencement of the disease than during the following days, and disappears some time before its termination. Sometimes, however, it continues during the whole course of the affection, and even after *resolution*; it may also disappear and reappear at various intervals. Pain, when acute, modifies certain symptoms of the pneumonia; it checks the cough and expectoration; it renders the respiration irregular and unequal, the inspiration imperfect, the respiratory *bruit* extremely feeble, and crepitation as well as bronchial respiration very obscure.

2. *Dyspnœa.*—Dyspnœa almost always exists in pneumonia; in fact, in 125 cases seen in the *Hôtel-Dieu*, in 1838 and 1839, it existed with greater or less intensity in three instances, was weak in two, and three only were perfectly free from it. The importance which this phenomenon acquires as a means of diagnosis, and especially in the prognosis and treatment of pneumonia, induces us to dwell upon the means of ascertaining its existence and degrees, as well as the modifications which it undergoes. We must not, in these cases, depend upon the assertions of the patients; for frequently they affirm their freedom from all oppression, and still their respiration is short and frequent. There are four means of recognising more or less exactly the degree of dyspnœa:—1st. The inspiratory movements may be counted. We know that in the sound state we find nearly thirty-five inspirations in the minute in the first year of life; twenty-eight in the second; twenty up to puberty, and eighteen in the adult. Now, this number becomes greatly increased in pneumonia, and may rise to thirty, forty, sixty, and even ninety-two, as occurred in a patient under my care. M. Bouillaud, in twenty-six cases, found that the mean of the respiratory movements, counted at the commencement of the peri-pneumonia, was about thirty-two, and that it was sixteen at the period of the cure. 2nd. A more medical as well as more certain mode than the preceding consists in comparing the respiration with the pulse. In a state of health, and in diseases seated elsewhere than in the respiratory apparatus, we generally find that the frequency of the respiration as compared to that of the pulse is as one to four or five. Now, in pneumonia, it often presents the relation of one to three, and even of one to two. These remarks are confirmed by numerous observations which have been recently made by Dr. Charles Hooper; observations which have convinced him that the numerical relation between the total of respirations and of pulsations is as one to four and a half (except during infancy), and this relation is so constant, that any considerable variation is a certain indication of disease or of deformity, provided there be no mechanical obstacle to the descent of the diaphragm, such as obesity, pregnancy, distension of the abdominal viscera, &c., which, by preventing the fulness of the inspiration, necessarily augment its frequency. When there exists a disproportionate increase in the frequency of the respiratory movements, we may, says this author, draw the general conclusion that there is some obstacle to the *oxygenation* of the blood, an obstacle arising first, from disorder of the lung or the air-passages; secondly, from some mechanical obstruction to the respiratory movements; thirdly, from some defect of the pulmonary nerves. A third process is that of Dr. Lyons; it consists in causing the patient to make a deep inspiration, and to count slowly during expiration with a loud voice without redrawing his breath; by means of a watch we then see for how long a space of time the person can thus count; according to the observations of the author, the length of this time is always in proportion to the sound or diseased state of the lungs. Thus, where these organs are sound, a person may, after a deep inspiration, count for twenty-five, thirty, or even thirty-five seconds. In pneumonia, this number scarcely exceeds nine; it is often only six, and even four. Lastly, in the adult the alternate movements of dilatation and contraction of the nares, are generally in relation with the difficulty of the respiration. This relation, which is also very marked in the infant, is much less so in the old man. Difficulty of respiration presents several degrees, which have been designated by the names of dyspnœa, orthopnœa, and suffocation. In general, it is in relation with the degree, extent, and violence of the inflammation; and the patient must be considered in danger when the respirations have reached fifty or sixty in the minute. Still we must remember, that in certain individuals, with a very remarkable idiosyncrasy, the dyspnœa rapidly acquires a high degree of intensity in the slightest affection of the lungs; in others, on the contrary, the respiration remains almost entirely free, and still the organs of respiration may be extensively and deeply diseased. Thus, there was scarcely any dyspnœa in an individual who died the next day with one of the lungs in a perfect state of suppuration. We must also, to attach its proper value to dyspnœa, carefully ascertain whether there exist any other lesion in the respiratory apparatus, such as pleuritic effusion, or an obliteration of a greater or less number of the bronchi, whether from some affection of the heart, the stomach, the intestine, or the liver. We must also remember that the respiration becomes slow in certain cerebral affections. The dyspnœa is often much stronger during the period of engorgement, than during that of red or grey hepatization. In the first stage, in fact, there is ordinarily combined with the pneumonia a general state of pulmonary congestion similar to that surrounding a phlegmonous abscess; now, this state of congestion diminishes in proportion as the inflammation approaches the stage of suppuration. We shall also see that the dyspnœa is modified by the age of the patient, and the particular seat of the pneumonia.

3. *Breath of the patient.*—This is hot and burning. In the third stage it sometimes exhales a manifest odour of pus. As to the chemical modifications presented by the expired air in pneumonia, more positive experiments are yet required.

4. *Decubitus.*—Decubitus on the side corresponding to the pneumonia was formerly considered as one of the characteristic signs of this disease; but it is now generally acknowledged that the patients almost always lie upon the back; scarcely one in fifteen lies on the affected side. It would seem, from a great number of observations as to decubitus on the sound, or on the diseased side, that the patients perceive more constriction in the respiration in decubitus on the sound than on the opposite side.

5. *Cough* almost always accompanies pneumonia; it generally offers nothing remarkable in its character; its intensity and frequency are not in relation with the extent and degree of the inflammatory lesion. When violent, it sometimes causes vomitings of mucus and even of bile, which might wrongfully lead to the supposition of a bilious complication. Dry at the commencement, it is soon accompanied by an expectoration, the consideration of which becomes of great importance.

LECTURES ON CHEMISTRY.

By JOHN SCOFFERN, Esq., Lecturer on Chemistry at the Aldersgate School of Medicine.

Heat.—So great is the influence exercised by heat in developing chemical phenomena, that in former times chemists were designated Fire Philosophers; and although in the present day we have enlisted in the aid of our science thousands of other agents, it must be confessed that heat is the most important and interesting of all.

Philosophers, in their laudable endeavours to render this subject more comprehensible, have tried to limit the term heat to a sensation of elevated temperature, introducing the word *caloric* to designate the cause of this sensation, whatever it may be; the necessity, however, for any such term seems but little apparent, nor is it in the present state of science productive of that degree of precision which was contemplated and desired.

By certain means, such, for example, as friction and percussion, we produce a sensation of temperature, or, in common language, heat is said to be evolved; even in cases when the sensation in question cannot be appreciated, the same result may be proved to follow: as, for example, when two

pieces of ice are rubbed together they melt, proving that heat must have been evolved, although not to an extent that would render perceptible an elevation of temperature. It is quite evident, then, that heat, speaking philosophically, may be contemplated under two points of view, either as laying dormant or latent, or as assuming an *active* or evident state. The terms *latent heat* and *caloric* are synonymous; the term specific heat is frequently used in the same sense, although, properly speaking, the latter expression bears reference to the ratio existing between the actual quantities of latent heat possessed by a series of different bodies.

Seeing that we speak of heat under two points of view, namely, as cause and effect, it would be most in accordance with the rules of true philosophy to begin by describing the nature of the cause; but unfortunately this is impossible, at least in the present state of our knowledge; and whether this latent heat, otherwise called caloric, be actually a peculiar kind of matter, or ethereal vibrations larger than those necessary to produce the sensation of light—or lastly, nothing but peculiar intestine motions, assumed by the particles of common matter, philosophers have hitherto been quite unable to determine. The simple experiments, however, just mentioned, render obvious the propriety of regarding heat under this twofold view; and by experiments hereafter to be shown, I shall demonstrate that ratios may be deduced between the quantities of latent heat possessed by equal quantities of different bodies. Before proceeding farther, I must impress on you the necessity of entertaining just notions of the difference existing between *quantity of heat* and *temperature*. A pint of boiling water and a *quart* of boiling water are both equally hot, that is to say, they have the same temperature, but it is quite evident that the latter must possess twice as much heat as the former, furnishing a clear instance of the difference alluded to. Now, seeing that different quantities of the same body may possess the same temperature, the question is natural, may not equal quantities of different bodies of the same temperature possess different quantities of heat?

We will take the liquid water as our first example. Every person knows that it may exist in one of three states as regards the degree of cohesion; it may be in the form of ice, *liquid*—water, or steam. Now, each of these forms, or states of water, may be regarded (so far as relates to the subject of heat) as totally different substances, susceptible, however, of easy mutual conversion. If a given quantity (say a pound) of ice, cooled considerably below the freezing point, (say to 0) be conveyed into a warm room, a thermometer placed in contact with it will continue to indicate an increase of temperature until the mercury rises to 32 deg., then the mercury remains stationary *until every particle of ice is melted;* when it begins to rise again, and continues doing so until the water boils, finally remaining stationary at 212 deg. Now, let us reason on this experiment. When the temperature of the ice rises to 32, what becomes of the heat which is absorbed until all the ice is melted? It does not contribute to produce temperature, yet it is absorbed, consequently it must exist in the hidden or latent condition; and it is hence certain that a pound of water at 32 deg., must contain more heat than a pound of ice at the same temperature. A certain quantity of heat appears necessary to the very existence of water in a fluid condition, and hence may be termed the specific heat of fluid water, or heat, or calorie of fluidity. The quantity of heat thus rendered latent, would have raised the temperature of an equal weight of water by 140 deg.; hence water is said to possess 140 deg. of heat, or calorie of fluidity. It appears, then, that water, in changing from the solid to the fluid state, appropriates a certain quantity of heat without gaining in temperature. Let us now examine what occurs during the conversion of water from a liquid to a vaporous state.

Under the common atmospheric pressure of 15lbs. to a square inch, water boils at a temperature of 212 deg., and the steam which flies off possesses a temperature of 212 deg. also. Before the time of Dr. Black, it was imagined that equal weights of water at 212 deg., and steam at 212 deg., possessed equal quantities of heat, but he proved that in this respect there was an enormous difference. By condensing steam in a given quantity of cold water, and noticing the resulting elevation of temperature, Dr. Black proved that steam of 212 deg. in being condensed into water of 212 deg., gave out as much heat as would raise the temperature of an equal weight of water by 950 degrees, which had previously existed in the vapour without being sensible to a thermometer.

Having determined that heat may exist in an insensible state, let us now proceed to ascertain the specific heat of different bodies. Equal weights of different substances of equal temperatures do not contain equal quantities of heat; this is an axiom not only deducible from the experiments with ice, water, and steam just shown, but also from others of a different nature. If a pound of water at 32 deg. be mixed with a pound of water at 170 deg., the *calculated* and the *actual* mean temperatures will correspond, being 102; but if a pound of ice at 32 be mixed with a pound of water at 172 deg., then the actual mean temperature will be only 32, although, of course, the calculated mean temperature is the same as before; here it is evident that the water loses 140 deg. of heat, which the ice gains, and is converted into water, although not elevated at all in temperature.

Instead of employing water and ice, we may vary the experiment by using bodies possessing altogether different chemical constitutions. Supposing it were required, for example, to ascertain the ratio between the specific heat of water and mercury, we might proceed thus:—A pound of mercury at 160 deg. mixed with a pound of water at 40, affords a real temperature of 45 deg.; but a pound of mercury at 40, and a pound of water at 160 deg., yields an actual temperature of 155 deg. In the first instance water gains 5 degrees of temperature, whilst mercury loses 115; in the second instance water loses 5, whilst mercury gains 115; hence the quantity of heat necessary to raise a given weight of water 5 deg., raises an equal weight of mercury 115 deg., numbers which are in the ratio of 1 to 23; and the specific heat of water is said to be 23, that of mercury being 1. The fact of substances of equal temperatures containing unequal quantities of heat, naturally led to speculations, and the most consistent theory is that of latent heat by Dr. Black. This philosopher imagined that heat was a substance, susceptible of combining chemically like any other, and when so combined, ceasing to give the sensation of temperature, or of raising the thermometric mercury. He furthermore imagined that certain bodies had a greater capacity than others for this substance, that is to say, a greater power of entering into chemical union with it, and hence were said to possess a greater specific heat. According to Dr. Black, the phenomena of liquifaction and vaporization depended upon the combination of a substance with different quantities of the matter of heat. Dr. Irvine would not admit this explanation; he imagined that liquification and evaporation were dependent upon some other cause, but that heat was absorbed in either case, because the resulting substance had a greater capacity for heat than the body from which it was formed. As both of these explanations are doubtless incompetent to answer the end proposed, it would be useless to dwell upon their relative merits. Dr. Black's, however, is at least plausible, which is more than one can justly say of the other.

Besides the plan just mentioned of ascertaining the specific heat of bodies, there are others. Lavoisier, for example, invented an instrument which he termed the Calorimeter; its action, founded upon the property possessed by ice of not being capable of acquiring more than 32 deg. of temperature. Bodies heated to an equal degree were placed in this calorimeter, and all the heat expended during their cooling to a given degree, was employed in melting a known quantity of ice. It was perceived that the quantity of water thus produced would be an index of the quantity of heat employed in producing it; but this is not the case, as a great quantity of the ice melted solidifies again before it can leave the vessel; besides this objection there are many others, both of principle and practice.

The fact that heat is absorbed during liquifaction and vaporization, is taken advantage of in producing cold artificially. As an example of the first we may select the well-known freezing mixture of snow and salt. Salt is a very deliquescent body, that is to say, it has a remarkable tendency to unite with water, but it is necessary that the water be in the liquid form. Being placed in contact with snow, it combines rapidly with the water produced by the latter, and of course produces cold, because water requires heat of fluidity to bring it to the liquid state.

One portion of ice or snow being thus melted and appropriated, another portion goes through the same change. The production of cold by evaporating lotions admits of as easy an explanation; liquids on becoming vapours render insensible a large quantity of heat, and hence produce cold.

The whole subject of specific and latent heat is a difficult one, and perhaps deserves to have a degree of attention paid to it more minute than is possible in a medical course of chemistry. I must not, however, forget to tell you that the specific heats of the same body differs at different temperatures. This was suggested as probable by Dr. Dalton, and proved by Petit and Dubois.

It is found that the specific heats of bodies are very intimately connected with their chemical and molecular constitution, although the cause of this connexion is still unknown. It is perhaps difficult to convey a consistent notion of this fact, but it may be thus expressed—that if we take certain bodies, and divide a certain number by the number indicating their specific heats, we obtain a series of numbers which represent either the chemical equivalents of those bodies, or stand in some remarkably simple relation to them. For lead, tin, and zinc, this number must be 3.1; thus the number indicating the specific heat of lead is 0.031, and $\frac{3.1}{0.031}$ is $= 100.0$; now this is very near the true atomic weight of lead, the latter being 103.6. Supposing all fallacies could be avoided, the true atomic number would most probably be obtained. Certain other substances require some different number to be fixed; but I have said enough to impress on you the fact, that a certain connexion between the specific heat and atomic weight of bodies actually does exist.

ON SYPHILIS.

By Dr. WEATHERHEAD.

The true Nature of the Disease defined, on which are founded the true Principles of its Treatment, deduced from the Author's observation and experience.

By the general tenor and character of the preceding observations, the reader has long been prepared for the opinions the writer holds respecting the true nature of the venereal, and fully made acquainted with the facts upon which they are based; namely, that the malady when it has become constitutional by the absorption of the virus *is confined, unless when improperly treated, to the humours of the body, and has no natural tendency to affect the bones.*

Pietro Mainardi, though so early a writer on the disease (A D. 1518), divides the phenomena originating from the virus with admirable correctness into three stages:—first, those proceeding immediately from the infection; secondly, those directly consecutive on the absorption of the virus into the blood from the primary sore; and, lastly, the effects arising from the efforts nature makes to expel the poison from the system.

From contact with the genitals, the virus is first imbibed by the cuticle, and on penetrating to the living tissue beneath it excites, by its acrid properties, an increased determination of blood to the spot; a fluid is poured out in consequence; and when the thin cuticle gives way from distension or accidental abrasion, a small open sore is formed—this we call a chancre.

From the first commencement of this morbid agency a peculiar action is established, by which matter is formed in the part diseased, possessed of the same property of propagating the disease as the original infecting virus, and which continues as long as the sore remains unhealed

As soon as an ulcer secreting virus is established, the danger of its being absorbed into the blood commences, and its passage into the system frequently is indicated by its inflaming one or more of the glands in the groin through which it passes; these, as every one knows, are called buboes. It not unusually happens for these buboes to suppurate, and the matter proceeding from them is as infectious as from a chancre. Indeed, the author often has occasion to see the upper part of the thigh in the lower order of prostitutes covered with chancres, caused by a filthy negligence before applying for relief.

Occasion may be here taken to remark that these chancres are not to be confounded with sores about the same parts, proceeding from a similar cause (neglect), but produced by a different matter—that of gonorrhœa. When the gonorrhœal discharge is allowed to lodge on the upper and inner part of the thigh it raises an inflamed blotch, which does not exactly ulcerate, but exudes an acrid humour. When eruptions of this kind are unattended to, and at the same time the patient continues to walk about, they rise more and more above the level of the skin, and spread in size, putting on a soft warty appearance. The same thing often takes place, and from the same cause, between the nates, particularly in females. From the formation of the parts the discharge easily finds its way into this situation, and by the friction occasioned by walking they frequently attain a considerable size. In this situation these excrescences are called condylomata; but pathologically they do not differ from the soft warts, or vegetations, as the French name them, first noticed.

No sooner is the venereal virus absorbed into the system than the effects of the contamination begin to show themselves; the complexion gets a peculiarly sallow hue; a general languor and debility come over the frame, and the mind partakes of the same listlessness and inactivity. In this stage of the disease severe museular pains are often felt in various parts, but especially in the upper extremities; by and by blotches break out in different parts of the body, most frequently upon the forehead, or the back, breast, and shoulders; also on the extremities, and oftener, according to the author's observation, on the lower than upper limbs. At other times not blotches, but pustules, will appear on the hairy scalp, or they will show themselves all over the face like smallpox; and when the humours become strongly tainted with the virus, these pustules break out all over the body, and many of them will end in extensive ulcerations. This is particularly apt to happen in women of the town, who, from neglect and a long-continued course of vice, intemperance, and, eventually, of absolute destitution, have their blood vitiated to such a degree, and their vital powers so debilitated in consequeuce, that even blotches will ulcerate similar to what happens in scurvy.

It is a fact worthy both of notice and reflection, that these blotches and pustules will often show themselves even when the cure is progressing in the most favourable manner, and the general health daily improving; but when they do, the appearance which the eruption puts on corresponds with the improved condition of constitutiou—they are of a florid colour, and never ulcerate. Indeed, in all cases, the character which the blotches and pustules assume affords au accurate criterion of the state of the general health. In those whose constitutions are (to use a familiar expression) rotten, the blotches are numerous, large, very dark-coloured, and prone to run into ulceration, from want of local vigour to disperse the sanguinolent effusion, either by insensible exudation or reabsorption. The same holds true of the character of venereal pustules,—a remark, by the way, made so long ago as 1499, by Peter Pinctor.

Venereal ulcers on the surface, however, sometimes happen from a different cause; the matter is thrown out so copiously in places, that it disorganises the part, and ulcers form, although the general health be really good.

Perhaps in no public institution has the cure of the venereal without mercury been pursued on such an extensive scale, or for so long a period, as at the Royal Free Hospital. In our practice, two objects are kept in view, according with the developement of the phenomena cited from Mainardi. The first is, to heal primary sores as speedily as possible; the second, to assist nature in eliminating the virus from the system.

This principle of treatment is exactly that laid down by one of the first writers on the disease; the author alludes to Pinctor, physician to Pope Alexander the Sixth, who advised the adoption of those means best fitted to help nature to expel, sensibly or insensibly, the poison to the surface of the body. It was on this principle that the use of guaiac, sarsa, violent exercise, and other sudorific means, came to be adopted. Pinctor, however, believed in the efficiency of other crises besides that by the surface; and it is upon the like belief that our hospital practice in this disease is founded. Our plan is, to keep all the principal emunctories of the system iu activity so as to purge the blood of the venereal virus; at the same time, a generous diet is prescribed, and the general health improved in every possible way, so as to re-supply material for perfectly pure blood.

In order to attain this primary object (namely, to expel the virus), the remedy employed in the Royal Free Hospital consists of the oxy-sulphuret of antimony, nitrate of potass, and sublimed sulphur. The *modus operandi* may be thus briefly explained:—the antimony not only acts in conjunction with the sulphur on the digestive system of organs, but entering intimately into the circulation, produces a determination to the skin. The whole pathology of the secondary symptoms points out how essential it is to excite an increased action of this important emunctory, and thus to counteract the tendency of the disease to debilitate the capillary vessels. Hence, perhaps the principle efficacy of the decoctions of guaiac, sassafras, sarsaparilla, aud the like. Hence, also, the superior benefit accruing from every remedy when administered during the genial warmth of summer, and in a pure air, to what is observed to take place during the chilling damps of winter, when the capillaries of the skiu are constricted. The sulphur co-operating with the antimony acts in the same beneficial way, aud may be regarded as its vehicle, minutely dividing and distributing its particles into every tissue of the system; whilst the nitrate of potass not only promotes the secretion of mucus, and other intestinal juices throughout the alimentary canal, but it possesses powerful antiseptic properties, and exerts a direct actiou on the kidneys.

Thus, to carry off the morbid virus, and purify the humours, those three great emunctories—the skiu, the kidneys, and the bowels, are called into action; and thus are the indications of Nature herself observed, when she spontaneously performs the cure.

What may be the precise action of the antimony, nitre, and sulphurous acid into which sulphur is converted by the chemico-vital action of the system in the cure of the disease—whether it combines with, neutralises, and thus destroys the syphilitic virus, as by many is supposed to be the action of mercury; or whether by stimulating the great emunctories of the body, and being itself determined to those excreting organs, it simply conducts and expels the virus from the system, is of minor importance so long as the object is accomplished. Speculative opinions of this kind have no practical result. However, if the author may venture his own, it is in favour of the latter, in accordance with the old, and, perhaps, too-much-neglected doctrine of the humoral pathology.

It may here be proper to remark that, in the administration of the ingredients above recited, no pretence to novelty of practice is put forward; for they have all been used at different times, and by many individuals, in the treatment of the venereal. There is undoubted proof that the remedial powers of antimony had not entirely escaped the observation of the older writers; for it is strongly recommended in syphilis by John Macole, who was physician to King James the First, in conjunction with "sulphur auratum." Both Riverius and Wiseman employed it: the latter gave it in combination with guaiac. Ramazzini also speaks highly of it; and Sintelaer, in his *Scourge*, observes, p. 88, "That antimouy, rightly prepared, is a much better and safer antivenereal than mercury." Again, in p. 273, he adds, "That in antimony there is a singular antivenereal virtue, which is beyond all dispute." In preparing it for use, they boiled the sulphuret of antimony with crude tartar; thus making, in fact, a potassio-tartrate. Antimony likewise made an ingredient in the celebrated Lisbon *Diet* drink.

The employment of sulphur externally in the cure of foul cutaneous eruptions was very ancient, for both Dioscorides and Serapion mention it; and it very early made a part, along with mercury, in the ointments used for the cure of the venereal. De Vigo is the first whom I have met with administering it internally in this disease; and, as has been said, John Macole afterwards gave it, combined with the pulvis albus diaphoreticus Stibii. The nitras potassæ was more rarely used externally; and, unless it be Amatus Lusitanus, I know of no other writer who prescribed it internally in the venereal.

But the author has no wish to be misunderstood; he does not intend to hold up the above remedy as a panacea. On the contrary, although so generally useful, cases not unfrequently presents themselves in which he accomplishes the very same intensions by infusions of the bitter tonics, combined with the preparations of bark and the nitric or muriatic acid; and as has been before observed, in particular cases, he avails himself of the properties of iodine, opium, &c., when not contra-indicated by the state of the general health; only he never appeals to mercury in any case except as a topical application to sores and eruptions; a practice which never affects the general system, if proper regard be had to the nature of the preparation.

That the whole therapia of the venereal resolves itself into little more than attention to what was formerly known by the scholastic denomination of the non-naturals, has already been proved by an abundant variety of facts; and no precept is more judicious for observance in the cure of this disease than that given by Avicenna *(in prima quarti)*—"Propterea solicitudo medici," says Avicenna, speaking of a subject germane to our own, "esse debet circa corporis virtutem integratam, ex vitali, et animali, et naturali." To establish the fact, the writer only needs refer to what Paul Jovius said, so early in the history of the disease, of the cure by exercise alone, and which has been so often confirmed since; or to the simple treatment followed by Gaspar Torella, whose prescriptions were chiefly composed of decoctions of borage, bugloss, fumitory hops, parsley, endive, and such like; with an occasional aperient of the pulp of cassia fistula and tamarinds. Outwardly, they sometimes applied bear's grease, or that of boars, bulls, lions, leopards, goats, geese, cocks, &c. In short, it would appear that, even from the earliest times, any thing would cure the disease provided simple diluents were taken to promote perspiration, and the patient's general health were renovated and sustained at the same time.

It is one of the advantages peculiar to the mode of treatment pursued at the Royal Free Hospital, that the patient during the cure cannot simply expose himself to the open air without danger, but do so with manifest advantage to his recovery—a circumstance the very reverse of what can be ventured on when the cure is performed by mercury and the more powerful sudorifics. In taking the powder described above, there is not the least danger of catching cold, as the perspiration is not sensible, and therefore may be checked without risk. This is a quality especially valuable to the class of patients who apply at the hospital for relief, as most of them gain their living in the streets or open air, exposed to every vicissitude of weather; as cabmen, women of the town, day-labourers, and such-like persons.

Exercise in the open air, under such treatment, is not merely safe, but beneficial; and every practitioner of the least experience must have often seen how rapidly venereal sores improve by a change to the purer air of the country, even when under mercurial treatment. Except where there are open buboes, or phagedænic ulcers on the genitals, it is observed that the out-door patients do much better than the inmates of the Hospital, particularly during summer.

Next in importance to air and gentle exercise is

diet. There is no more mistaken principle to adopt in the cure of the venereal than that of keeping the patient low. The antiphlogistic treatment, nevertheless, is that pursued by the army surgeons, who are anti-mercurialists—they confine the patient to bed, put him on low diet, and sometimes even bleed him. Now, the author does not hesitate to say that his experience will not justify the propriety of any such plan, but the contrary. However, as long ago as 1498, we find Natalis Montesaurus, a physician at Verona, recommending the same mode of treatment; and Ulric de Hutten is very precise in his dietetic regulations; he allows the patient a portion of a fowl for dinner, gives him no supper, and limits the quantity of bread to five ounces; his only drink was the decoction of guaiacum; this he kept up for a month, strictly confining the patient to a warm room the while. We thus see that De Hutten's regimen and treatment were pretty much that which has been so lately brought forward as something quite new; the modern practice consisting, generally, of rest, antimonials, sarsaparilla, antiphlogistic treatment, and low diet; and locally, of cleanliness and astringent applications.

Antiphlogistic means, when confined to local use, are often absolutely necessary; but, as a general system of regimen, it is not advisable. On the contrary, the patient recovers, according to the author's experience, much more speedily by adopting every means of regimen to improve the general health; such as a wholesome, plain, but generous diet, a reasonable allowance of wine or malt liquor, and gentle exercise in the open air, when no inflammatory action or affection of a local nature is present to contra-indicate it.

The subject of diet in the venereal occupied the attention of some of the old writers. No maxim in medicine is more just than that of Nicolas Massa, who tells us that "the constitution will not bear low diet in chronic diseases." In speaking of the venereal more particularly, he says, that he had cured many by nourishing diet alone who had undergone repeated courses of mercury under others, and had not been cured. Montuus debated the question, "An hac in lue inedia sit ex usu?" deciding contrariwise; and our countryman, Philip Barrough, was of the same opinion—"Let his diet be good warme meats," says Philip Barrough (chap. 34). In all cases where there is much irritability of body (which mercury is so apt to create), a lowering treatment will not suit, for this condition of frame never dissipates so readily as by sustaining the system without too much stimulating it, giving opium freely, if it do not peculiarly disagree, and getting the patient into the open air, thus refreshing and invigorating his bodily and mental senses, and assuaging the fickle and vexed state of both.

With respect to the average time requisite for this purpose, it rarely exceeds five or six weeks, but often less in ordinary cases; and in none has the author observed it to be of longer duration than what mercury, under the most favourable circumstances, can accomplish.

Almost all the old writers concur in recommending during the cure, a cheerful state of mind, agreeable company and occupation, and the avoidance of whatever may create cares, fears, and anxieties.

In accomplishing the evacuation of the virus in the above manner, we have no after-work to do—no shock of constitution to recover from in consequence of the violent effects of the treatment—no mercury to get out of the system—no gums to heal—no teeth to refasten or replace; and, above all, no dread of the bones of the nose or other parts becoming affected at a future period.

The office of Surgeon to the Royal South London Dispensary being now vacant, owing to the disqualification of the gentleman elected some time ago, the following gentlemen are now candidates:—Mr. Taylor, formerly a pupil of Guy's Hospital, and Mr. Holt, who is so favourably remembered as the late house-surgeon at the Westminster Hospital.

ROYAL COLLEGE OF PHYSICIANS.

LECTURES ON MATERIA MEDICA.

By DR. ROUPELL.

The able lecturer commenced his course by adverting to the little interest generally felt by students in Materia Medica, and the small hopes which he had of exciting the same attention as his eloquent precursors, but remarked that with the slightest consideration, the subject of which he intended to treat would show itself to be one of very great importance, and if properly examined, would be found highly interesting, whether considered with reference to the plants themselves and their varied forms, with reference to the peculiar principles they contained, and upon which their action in many cases wholly depended, or with reference to their effects upon organised bodies, and on the animal functions. After then alluding to the extensive museum belonging to the College, principally collected by Dr. Burgess, and to several rare and valuable specimens lent to him by Mr. Bullock, and other friends, amongst which, with some singular alkaloids, was a coil of wire prepared from the diminutive proportions of iron found in the blood, he said he would commence with the vegetable part of materia medica, as offering the most important points for consideration.

Dr. Burgess's collection was arranged according to the parts used of the plants classified—thus, the *root*, where that part was officinal, stems, leaves, flowers, and so on. This was the arrangement in his day.

Roots.—Among these there were many not strictly so called, and that botanists would not now consider as such—Ex. the *rhizome*, *bulb*, *cormus tuber*.

The *rhizome* was an underground stem from which true roots proceeded, but was not itself a root—Ex. acorus calamus.

The *bulb* was a scaly body, the scales of which were really unbricated leaves arranged round a central axis or stem, from the base of which the true roots proceeded—Ex. allium sativum, scilla.

The *cormus* was not scaly, it was the dilated base of a stem, and different from a bulb in other particulars—Ex. colchicum.

The *tuber* was well known, and was evidently a stem, since the buds or eyes were visible upon it—Ex. potatoe.

Theophrastus regretted in his writings that plants did not possess alimentary canals, mouths, and members by which they might be classified; but it had since been found that there *are* parts very nearly analogous to these, some of which he (Dr. Roupell) would now mention in the general description of the root.

The root consisted of two distinct parts.

1. The Caudex.
2. The Fibrillæ.

The caudex was the central part of the root, while the fibrillæ were the tubular processes sent off from it. At the terminations of these tubes were the mouths, or the absorbing organs of the plant, the spongioles, which abstracted those principles from the soil which were necessary for the growth and nourishment of the plant. The theory of the absorption of "*Humus*" had been exploded, but it was from the soil that the vegetable kingdom derived its carbonic acid, before the formation of leaves, and assimilated it to the tissue. The roots take up various salts, and other substances which are found in them, such as sulphuric, oxalic acids, and oxides. Many of these are, from their constant existence, shown to be necessary to the growth of the plant. While, however, the spongioles take up (according to De Candolle) nearly all substances presented to them in a state of solution, they appear to return those which are noxious; and not only this, but they are true organs of excretion, depositing in the soil their peculiar excrementitious matter, a circumstance elucidating the rationale of succession of crops. One of these is acetic acid, which may be supposed to be a beautiful provision to prepare food for the spongioles, by reducing the various solids to a fluid state, and especially the alkalies. Phosphorus is also found in most soils which are capable of cultivation, as well as sulphate of magnesia and soda, and salts of lime; and here we may discover another arrangement by which the necessary principles are introduced into the animal frame. The plant, as it were, prepares the nutriment for the animal from the inorganic kingdom.

Nitrogen is another substance which is found plentifully in plants, in gluten, &c. This is procured from the atmosphere, by the decomposition of ammonia, resulting from the decay of animal matter descending with the rain. There is a great difference in the accumulation of these various substances during the different periods of the growth of plants. Starch which has been accumulated becomes changed into sugar or gum, and passes off in a state of solution in the fluids of the plant. These changes take place more or less rapidly; in some cases, several months, in others only as many hours are required to complete them.

In Burgess's collection of roots, we find three hundred and eighty-four specimens, more than double the entire number of plants that exist in our present list of Materia Medica; and it is very probable, that as our knowledge increases, many of these will be removed, while many that have been cancelled will be brought back. To this latter course we may be compelled, it may be by accident, by the necessity for example of substituting one drug for another, from scarcity or other causes, a circumstance which has happened in the case of cinchona bark, the exportation of which has been limited in some provinces by law, in consequence of the danger of the trees becoming extinct. Lilacine may hence been substituted for quinia, the alkaloid of the cinchona bark.

Dr. Roupell then briefly alluded to a number of plants not contained in the present list of materia medica, the interest of the description of which was much enhanced by the frequent references to classic authors and quotations from their works. Among those at present in the pharmacopœia, he alluded to the rume acetosa, the acorus calamus, the altha officinalis, and angelica. The allium sativum (from *alleo, to avoid*) was recommended by Sydenham as an irritant, to be applied to the soles of the feet. It contains sulphur, is a stimulant, and assists digestion, is absorbed by the surface, producing phenomena resembling those of fever. The ancients imagined that it increased courage, hence fighting animals have been fed upon this plant. Zenophon recommended it to his soldiers, and ordered it for the horses.

Aconite was a remedy which the ancients feared to use from the powers which they ascribed to it; the perfection, however, of modern pharmacy allows us to use it with certainty. Although Theophrastus thought its principle was not to be discovered, the chemists of late times have succeeded in obtaining it in considerable quantities. This essential principle is termed aconina; it is used only in the most minute doses, such as the hundred-and-fiftieth of a grain. Orfila thought that the effects of aconite are principally upon the nervous system and brain; but by recent observation it would appear not to affect consciousness, but chiefly to impair sensation. It acts by absorption, and if applied locally, produces tingling and numbness, with-

out increased vascularity; in this way it is often applied in tic-doloreux; it has been used internally to relieve the cough of phthisis, and as a preservative to hydrophobia, and a remedy in rheumatism. Some interesting cases of poisoning by this plant are recorded in the 'Philosophical Transactions,' 1733.

TO CORRESPONDENTS.

A Member of the "Provincial Medical and Surgical Society" *asks why the members are not furnished with a statement of the year's expenditure? He declares that he is the more anxious on this head, from the fact, that as a member of "the Central Committee for the Management of the Benevolent Fund," he was prohibited since July,* 1840, *to give any relief to distressed members in circumstances of the most afflicting character; in other words, to frustrate the* best, *and as he considers, the* main *object of the Association. Perhaps some gentleman will answer the very pertinent question of our correspondent. The latter cannot surely be in earnest when he says that the Association is* begging *from* non-members *in* shillings *and* half-crowns, *the aid which their ordinary funds should supply in the* first *place.*

A Subscriber.—*The citrate of iron, (so called,) is in fact an ammonio-citrate of that salt, similar to Aikin's ammonia-tartrate. The mode of preparation has not been published by the venders of the salt, but the practical chemist can no doubt form the triple salt of ammonia and citrate of iron, in the manner usually adopted in making similar chemical combinations.*

B. H.—*The present Charter of the College of Surgeons was granted by George III., about* 42 *years ago. The Parliament had refused to renew the powers of the old Charter of George II., which just then expired.*

Mr. H.'s *paper is not correct in many of its conclusions. We know, as is indeed well shown by Segalus, that all fluids are absorbed with as near as possible the same facility. All that is required is, that the fluid should be one which can mix with the blood. Oil is not such an one. The communication awaits his orders.*

Will Mr. Wyse *speak on the matter with the sub-editor at the office?*

A Constant Reader *wishes to learn the best mode of removing the cuticle. That of M. Trousseau. Apply linen of the size wanted in several folds, moistened with aqua ammonia for ten or fifteen minutes, then rub gently with the finger.*

Dr. Rose's *communication will be returned by post.*

Mr. Orr, Mr. Ley, Mors, Politicus, Mævius, Dr. Wood, *have been received, and are under consideration.*

A Friend *is wrong. Peter H. Green, M.B., has not touched the portals of the College of Physicians; he objects* on principle *to the character of the examinations.*

The Physiology of Animal Sustenance, Kay on Wounds, and several other valuable papers, unavoidably postponed.

A Correspondent tells us that Sir George Ballingall, M.D., was presented lately at Edinburgh with a sumptuous dinner service.

The Editor of the Medical Times *presents his compliments to his Medical Brethren, and having resolved to publish a complete list of all English unqualified Practitioners on* the 1st of April, *earnestly solicits the duly qualified to furnish him with an* authenticated *list for their respective districts.*

THE MEDICAL TIMES.

SATURDAY, MARCH 12, 1842.

Mobilis et varia ferme natura malorum,
Cum scelus admittunt.

JUVENAL.

THE Poor-Law Commissioners have just issued a fresh series of regulations, "as a general order, with such modifications and additions," they say, "as their *experience* has suggested to them." So modest a prefatory announcement prejudices us somewhat in the Commissioners' favour. While it tacitly but significantly acknowledges that to be folly or cruelty in 1842, which they so dictatorially and arrogantly acted on as the perfection of human wisdom in 1838, it unlocks—to the imagination at least—a pleasing prospect of mildened government and increased human happiness. But the prospect, we grieve to say, is, for the most part, but like one of those optic delusions which, it is said, have so often beguiled the sailor pining on the trackless wilds of ocean for another sight of land. In many of the harsh regulations which, referring but to minor matters of detail, were oppressive and cruel, rather from the needless and gratuitous insults they conveyed, than from any essential physical suffering they caused, we notice a politic and very praiseworthy relaxation; but in the great principles of the measure, against which the opposition of the public has been mainly directed, we confess we see little improvement.

One of these essential matters in which no substantial change for the better has been made, is the one which more especially comes home to us—the condition of the Medical Officers employed in the unions. The only regulations which have reference to them in the new general order, are the following:—

Dietary for the Sick.

Provided, however, that the Medical Officer for the workhouse may direct in writing such diet for any individual pauper as he shall deem necessary, and the Master shall obey such direction UNTIL *the next ordinary meeting of the Board of Guardians, when he shall report* the same in writing to the Guardians. And if the Medical Officer for the workhouse shall at any time certify that he deems a temporary change in the diet essential to the health of the paupers in the workhouse, or of any class or classes thereof, the Guardians shall cause a copy of such certificate to be entered on the minutes of their proceedings, and *shall be empowered* (not required) forthwith to order, by a resolution, the said diet to be temporarily changed according to the recommendation of the Medical Officer, and shall forthwith transmit a copy of such certificate and resolution to the Poor-Law Commissioners.

Qualifications.

Art. 64. No person shall be a medical officer for the workhouse who shall not be duly licensed to practise as a medical man.

Salary.

Art. 67. The Board of Guardians shall pay to the several officers, assistants, and servants, appointed to or holding any office under this order, such salaries or remuneration as the Poor-Law Commissioners shall from time to time direct or approve.

Duties.

No. 1. To attend at the workhouse at the times fixed by the Board of Guardians, and also when sent for by the master, matron, or porter of the workhouse, in cases of sudden illness, accident, or other emergency; and at all such other times as the state of the sick or insane patients within the workhouse may render necessary.

No. 2. To examine the state of the paupers on their admission into the workhouse; to examine the state of the patients in the sick wards; and also the state of any sick or insane pauper in the other wards.

No. 3. To give all necessary directions as to the diet, classification, and treatment of the sick paupers, and paupers of unsound mind, and to report to the Board of Guardians any pauper of unsound mind in the workhouse whom he may deem to be dangerous.

No. 4. To report in writing to the Board of Guardians any defect in the diet, drainage, ventilation, warmth, or other arrangement of the workhouse, or any excess in the number of any class of inmates, which he may deem to be detrimental to the health of the inmates.

No. 5. To give all necessary directions as to the diet of the children, and to vaccinate such of the children as may require vaccination.

No. 6. To make a weekly return to the Board of Guardians in a book, and to insert therein the date of every attendance, and to make an annual index to the same, with the names arranged alphabetically, and to deliver the same when completed to the Guardians.

No. 7. To enter in his weekly return the death of every pauper who shall die in the workhouse, together with the apparent cause thereof.

No. 8. To give to the Guardians when required, any reasonable information respecting the case of any pauper under his care; to make any such written report, relative to any sickness prevalent among the paupers in the workhouse, as the Board of Guardians, or the Poor-Law Commissioners, may require of him; and to attend the Board of Guardians when summoned by them.

It would be mere folly to suppose that the utmost stretch of the most lively imagination could extract a consideration from this bundle of common-place rules, in the least likely to appease the deeply-seated, long-nurtured discontent of the working part of our profession. Nearly every important question we have been agitating is passed over unnoticed; and those touched on are left in precisely the same unsatisfactory state in which they stood before the new regulations. Districts may be still ten or fifteen square miles, too large to admit of the possibility of the medical officer attending to more than one-half the number of sufferers who depend on him. The tender system may be still worked by mercenary guardians with all its pristine activity—twenty-five pounds may still be the maximum remuneration to the medical gentleman who, with his skill and time, furnishes drugs and all the other appliances of medicine to the pauper sick of fourteen large parishes—the whole body of medical practitioners may be still compelled to submit to the injustice of receiving what, after the "deepest calculations and computations" of Mr. Guthrie, is less than one-half what they are fairly entitled to—in short, the provision for the medical attendance of the poor, and the just remuneration of the medical man, is precisely in the same state in which it was before the new regulations were issued—namely, the worst in which the imagination can well conceive it. So much for the kindly and honourable feelings which,

according to Mr. Guthrie, are entertained by the Poor-Law Commissioners towards their medical officers. Certainly, if ever a poor, well-meaning soldier was befooled by subtle diplomatists, it was the present President of the College of Surgeons, by "his friends" the Poor-Law Commissioners.

The regulation insisting on "licensed medical officers" may be alleged as an exception to the other subjects of our strictures. We readily admit that it is. The improvement, however, is more apparent than real. The guardians had been taught before its emission, that they dared not so far fly in the face of public opinion as appoint a man who was *neither* a licentiate of the Hall, nor a member of the College. The Commissioners' rule extends no further. They announce this in their explications:—

Art. 64. In the interpretation clause of the Poor Law Amendment Act, (s. 109) it is declared that the word 'Officer' shall be construed to extend to any person duly licensed to practise as a medical man. The Commissioners have hitherto abstained from requiring that every person appointed a medical officer under their orders, should be a member of the Royal College of Surgeons, as well as a licentiate of Apothecaries' Hall, for the reasons stated in their Second Annual Report, p. 23. The Commissioners, however, strongly recommend that a preference should always be given to a person possessing the double qualification.

The subject of vaccination is not once referred to, save as one of the ordinary duties which, with attendance at midwifery cases, &c., are demanded from the medical officer in consideration of his twenty-five pounds per annum. There can be no doubt now in the minds of even those who expected the most from the Commissioners, that we must now look only to Parliament, and rely on it but precisely as we are afforded cause for reliance by the character of our own exertions.

ANIMAL MAGNETISM.

Mr. Braid delivered two very excellent lectures on this subject last week, one on Tuesday the 1st of March, at the Hanover Square Rooms, the other, the following day, at the London Tavern.

The lecturer commenced by giving his audience a detailed explanation of the theory and phenomena of animal magnetism, and entered fully into the subject, illustrating the paper by physiological facts, and several interesting anecdotes. He prefers the term "neuohypnology, or the rationale of nervous sleep," to that of animal magnetism, and thinks that that term is more proper, inasmuch as the effect is produced through the medium of the nervous system. Several experiments were performed after the lecture.

The first was a young woman, whom Mr. Braid directed to look at her own finger; in two minutes the face became flushed, the woman sighed, and the eyes closed. She was then requested to sit down, which she did; her arms were raised and also her legs; ammonia was placed under her nose, the galvanic battery applied, pins stuck in the forehead and legs, and without the woman evincing the slightest pain. The second experiment was upon two deaf brothers, one of them was magnetised by looking upwards, and in three minutes the effect was produced. Mr. Braid extended both arms, which remained so for some time; he then clapped his hands, and the boy instantly became de-mesmerized. The experimentor stated that the hearing was inercased twelvefold during the time the patient was under the influence of the magnetising process. The elder brother was then subjected to the same process, and became magnetised in about three or four minutes; a percussion cap was fired at his ear when in this state, but no effect supervened. It is a singular thing that the pulse in this boy increased from 84 to 140, and Mr. Braid remarked that such was generally the case.

The third experiment was upon his own footman. In this case he bandaged the man's eyes, and in three minutes he was asleep; he was subjected to nearly the same experiments as the preceding. Mr. Braid then recovered him, and directed the man to turn his eyes to the side; in a few minutes the eyes closed, and the most curious effect was produced; the man began gradually to turn round, a circumstance by no means uncommon with those who turn the eyes to the side (so the lecturer informed us).

The fourth experiment was upon a young lady, whom Mr. Duncan had been in the habit of experimenting on. This was a very interesting case; after being magnetised, several objects were placed before her eyes (which were closed), and she distinctly named each article in succession; she then walked about the platform, and knelt and arose at the request of the lecturer.

The last and concluding experiment was upon a young woman, who after going through nearly the same operations, finished by singing "Off, off, says the stranger," and it really seemed as if she were about to go off.

To the Editor of the 'Medical Times.'

SIR,—I feel obliged by the kind note you have sent me stating your intention of honouring me by a report of my lecture. I much regret you could not attend the converzationi, but I shall furnish you with a brief account of what took place on that occasion. When I had briefly explained to those present my theoretical views, and the grounds on which I had come to such conclusions, I expressed my intention to exhibit the phenomena on some of the subjects I had brought with me; some stranger proposed that it might be still more satisfactory and convincing to all present, were I to operate on a stranger, to which I readily assented, provided any one present was willing to become the subject of experiment. It was then announced that a person born deaf and dumb was present, and had come with the express desire to be operated on, and would now come forward if I chose to begin with him. I assented, and the patient came forward accordingly. He was totally deaf, was never known to have heard sound at any time in his life, and was 32 years of age. In about eight minutes, I evinced to all present the most incontestible proof of hearing being restored. I then operated on another stranger successfully, and on a third, who was one of my subjects; the varied phenomena intended, and expressed as meant to be exhibited by said patient, were all demonstrated, to the satisfaction of all present. The next operated on was Herbert Mayo, Esq., so well known to the profession; afterwards my other subjects were operated on, exhibiting these varied phenomena, both mental and corporeal. As the last experiment of the evening, eighteen were subjected to the operation at once, and in ten minutes 16 of the number were all in a state of somnolency, and some in the cataleptiform state, with insensibility to pain, as tested both by myself and Mr. Mayo. The other two did not comply with my injunctions. For the correctness of this statement, I beg to refer you to Dr. Billing and Mr. Herbert Mayo, who tested the patients, and neither of whom I had had the honour of knowing till that evening. I should feel obliged by your recording the fact now stated, in addition to what your reporter might see or hear at the public lecture. In short, the whole of my experiments go to prove, that there is a law of the animal economy by which a continued fixation of the visual organ, and a constrained attention of the mind to one subject, which is not of itself of an exciting nature; a state of somnolency is induced, with a peculiar mobility of the whole system, which may be directed so as to exhibit the whole or greater part of the mesmeric phenomena.

The remarks of your talented correspondent, Mr. Barrallier, relative to Mr. Catlow's experiments, are quite in accordance with my own views. I had made experiments to prove this, and had come to the same conclusion as Mr. Barrallier before I was aware of his experiments, and have confirmed them many times since on different subjects. Mr. C.'s cases on the sense of hearing, touch, taste, smelling, and muscular motion, were nothing beyond natural sleep, at any rate totally different from *mesmeric* sleep, *unless in those cases where the patients had been repeatedly operated on in my way, or through the eye.* After a certain time, and frequency of being operated on in this way, the brain has an impressibility stamped on it which renders the patient subject to be acted on entirely through the *imagination*, and this is the grand source of the follies which have misled Mr. C. and the animal magnetisers. I feel most confident of this, and shall feel obliged by your publishing this letter to record what I believe to be the fact.

On my return home, I delivered a lecture at Birmingham on Thursday evening, 3rd inst., when I exhibited a series of experiments which were quite conclusive on the subject. I am to deliver another lecture in Manchester next Saturday evening, when I shall exhibit the same, and many more, illustrative of the imagined *transposition* of the senses, and the magnetic power of attraction, a report of which shall be sent to some of our papers, which I shall correct if any mistakes should appear before I send it.

I beg leave further to state, that as I have operated successfully on the blind, it is evident it is not the optic nerve so much as the ganglionic or sympathetic systems and motor nerves of the eye, and state of the mind, which influence the system in this extraordinary manner.—I have the honour to be, Sir, your much obliged, and obedient servant,

JAMES BRAID.

3, St. Peter's Square, March 7, 1842.

P.S.—I may add, that last night I was called to a lady suffering the most agonizing Tic-Douloroux. In five minutes by my mode of inducing refreshing sleep, I succeeded in putting this patient into comfortable sleep, from which she did not awake till Sunday in the morning, being five and a half hours, and was then quite easy. By what other agency, I now ask, could such an effort have been induced?

SLANDERS IN THE LANCET.

To the Editor of the 'Medical Times.'

SIR,—Having long since proved that Mr. Wakley has neither the honesty nor *the courage* to deal fairly with an antagonist, or with those whose opinions do not exactly coincide with his own interests, I know that my attempt to refute any unjust assertion in his journal will be as useless as to

try to instil into him those principles which become a man.

May I therefore direct your attention to the following "Notice to a Correspondent" which appeared in the Lancet of last week :—

"*Guyensis.*—We cannot insert such charges against a public officer on anonymous authority. We have been informed that the fullest opportunity was given on a recent occasion to all the "aggrieved" lecturers and teachers in London—honest complainants and sham ones, worthies and busybodies, alike—to substantiate before a special tribunal any facts they might possess in evidence of the misconduct of the gentleman named by our correspondent; that not one of numerous allegations which were pre-announced, and on which account the inquiry was instituted, was established, and that the dishonour which was designed for the accused all fell on the other side."

Now, Sir, the above assertion is altogether false, and must have been made for the purpose of protecting the clique to which he is allied—Messrs. Warburton, Somerville, Dix, & Co.

From what I can at present learn, the inquiry has hitherto altogether referred to the conduct of the Inspector touching the removal of bodies from the Marylebone Workhouse, and to the burial of bodies in the Globe-fields burial-ground. Certain I am of this, that some who have proffered their evidence regarding the unfair distribution of bodies have not yet been examined, myself among the rest.

Mr. Warburton, in his pretended inquiries of 1834 and 1840, burked all evidence at all inimical to his own party or private feelings ; therefore there is a *long reckoning* to come. The omission of a clause in the Anatomy Act for providing an equitable distribution of bodies was a vile job, calculated to ensure a monopoly by parochial influence in favour of a few large establishments, and to effect the destruction of private schools; and without any intention of egotism on my part, I can state, that many scores of my past pupils can bear me witness, that were it not for my exertions in representing the state of things to Lord Melbourne in the years 1834 and 1840, the name of private medical school would have been by this time obsolete.

That the private schools may be just at the present moment better supplied than at some former times, has nothing to do with past offences and injuries : we must have the Anatomy Bill so amended as to prevent the possibility of the recurrence of such evils.

I cannot say whether the inquiry just terminated will be resumed again, or how soon ; be this as it may, truth shall eventually prevail—and I will tell Mr. Wakley this for his satisfaction—he cannot have all his own way, nor can an unproved assertion (most foolishly risked on his part) be received as gospel because issuing from him.—I am, Sir, your obedient servant,

G. D. Dermott.

Charlotte Street School of Medicine, March 2, 1842.

THE STUDENTS' NOTE-BOOK.—FASCICULUS VII.

BY ANATOMICUS.

DISEASES OF THE EYE.

Diseases of the Eyelids.—Ophthalmia Tarsi is merely a chronic inflammation of the lining of the eyelids, or rather of their margins, occasioning their adhesion together at night; a degree of soreness and itching in the parts, and a falling off of the eyelashes; this disease, if neglected, frequently becomes incurable. It is sometimes called *psoropthalmia*, from the idea that it arises from the inoculation of the itch ; its seat appears to be the meibomian follicles where it commences, and spreads thence to the adjoining textures, the conjunctiva, the glands at the roots of the cilia, and the surrounding skin. It frequently attacks old persons; the eyelashes are lost, and the edges of the lids, instead of being angular becomes rounded, and have a raw appearance, technically called lippitudo, or blear-eyedness. Sometimes it destroys the tarsus, but this is rare. The meibomian glands or follicles pour out an increased secretion of a glutinous character, which collecting during sleep, and becoming thicker by evaporation, causes the eyelids to adhere ; if in the morning these are forcibly separated, the eyelashes are torn out, a raw surface is the consequence, small abscesses and ulcers form, which are prevented healing by the continued irritation. The conjunctiva of the lids, and sometimes of the ball of the eye, becomes inflamed and thickened, the tears flow over the cheek, and from their constant passage and acrid character cause excoriation, ulceration, and œdema. When the meibomian glands are obliterated, it is then that the eyelashes are lost; sometimes an eversion of the lower lid takes place from a contraction of the frequently adjoining excoriated skin of the cheek, or an inversion from the effects of previous inflammation on the inside. The disease occurs most frequently in children, more especially in those of a strumous habit, and is generally the sequela of previous inflammation.

Treatment.—Alteratives, tonics, chalybeates, and iodine, with occasional aperients, should be given internally, and emollient, refrigerant, or astringent, applications may be used topically. The eyelids ought to be sponged in the morning, to remove the inspissated secretion that has collected during the night, and on no account allow them to be forced open. Fomentations may be employed to relieve pain, and scarifications of the conjunctiva of the eyelids, with the application of leeches, may be had recourse to; the application of the following ointment to the eyelids at night is of essential benefit, in correcting the diseased state of the glands, and preventing the morbid adhesion of the eyelids :—

R. Ung. Hydrarg. Nitratis, ʒi.
Ung. Cetacei. ʒiij.
Misce, fiat unguent.

Dupuytren recommends the following :—

R. Zinc. Sulph. gr. xvi.
Hydrarg. Binoxidi, gr. viij.
Adipis. præp. ʒij.
Misce, et fiat unguent.

When the lids are much thickened, and the tarsus studded with ulcers, it is advisable to extract the cilia, and rub the diseased surface slightly with sulph. cupri or nitras argent ; cleanliness, the warm-bath, and regulated diet, with abstinence from salted or highly-seasoned food, are of considerable benefit.

Inflammation of the eyelids is not so disposed to involve the eyeball as the latter is to extend itself to the former. However, if the inflammation of the eye be restricted to its internal textures, then the eyelids are not affected.

Catarrhal inflammation of the eyelids.—This affects their mucous membrane and the glands of Meibomius, and begins near the margins of the eyelids, which become sore, and are affected with heat and dryness; if everted they resemble a piece of scarlet velvet. When the eyelids are moved the pain is severe, because the inflamed surface rubs against the globe of the eye, hence the patient keeps the eye shut, and the lids motionless. In the beginning of the attack the natural mucous secretion is suppressed, and a sensation of dryness and stiffness is experienced; after a time this subsides, because the secretion of mucus recommences, the secretion of the meibomian glands is also changed, which causes the eyelids to stick together at night; catarrhal inflammation is produced by atmospheric causes, or the irritation of smoke, or any vapour of an irritating nature.

Hordeolum or stye, is a small tumour on the edge of the eyelid, very painful, and which advances very slowly to suppuration. It sometimes leaves behind it a small hard indolent tumour called grando; this is compared to a hailstone ; this must be pressed out, and then touch the lid with argent. nit. If any sloughy matter remain after it is discharged, the disease is apt to return or degenerate into a hard white chronic tumour. Hordeolum generally arises in strumous subjects; it is frequently induced by irregular living, late hours, a constipated state of the bowels, &c.

Treatment.—An emetic followed by a purgative forms the best general treatment. Cold lotions may be applied to the stye, but if it be inclined to suppurate, the process should be hastened by the employment of the usual means, as bread and water poultices enclosed in a muslin bag, &c.

Encysted tumours of the lids are classified into atheromatous, steatomatous, and melecerous. The atheromatous and melecerous form on the upper eyelid, at the side towards the temple, while the steatomata are seated in the vicinity of one of the eyelids, or sometimes over the lachrymal sac. Encysted tumours of eyelids are so moveable, that they may be pushed above the os frontis, a favourable situation for removing them, or we may evert the lid and puncture the tumour through the conjunctiva, where a dark spot appears, and it will give exit to the tumour; these tumours often contain hairs destitute of bulbs.

Trichiasis and Dystrichiasis.—The former of these diseases, inversion of the eyelashes, a not unfrequent consequence of ophthalmia tarsi, is a source of great annoyance, the irregular curve of the cilia causing irritation of the conjunctiva, lachrymation, and even inflammation, with muddiness of the cornea. Dystrichiasis, or misplacing of the eyelashes, the irregular ones being inverted, will produce a similar train of symptoms; when the complaint has not existed for a length of time, extraction of the inverted or misplaced cilia will be sufficient to remove the irritation ; but the operation requires to be repeated, in some instances it must be done every month; a radical cure may sometimes be effected by touching the eyelid externally, at the part where the disease is situated, just above the tarsus, with the actual cautery, or a mineral acid, or by puncturing the part with a lancet, and inserting a small piece of pure potassa fusa, which will cause an ulcer, the cicatrizing of which will induce contraction, and give a new direction to the inverted cilia. Excision of the tarsus, of the edge of the eyelid, and of the skin containing the cilia, has, in extreme cases, been practised, and with advantage. The removal of the tarsus, including of course the meibomian apertures, produces permanent and incurable lippitudo.

(To be continued.)

CONSUMPTION CURED.

Susan Eccleboscu, aged 23, admitted Aug. I, married, and has had two children ; the elder died when four years of age of consumption; it was after her second accouchement I was requested to visit her; she had then been ill twelve months, and had been under various medical men. She presented extraordinary emaciation ; pulse 123 ; breathing 60 ; animal heat 110; expectoration of puriform matter, streaked with blood, about three-quarters of a pint daily ; excessive diarrhœa and night-sweats, with extreme difficulty of articulation. Percussion and auscultation showed extensive ulceration in the right lung, which could be also discovered by the resonance of the voice on placing the fingers in the intercostal space between the second and third ribs ; the left side of the chest gave indications of tubercular deposit. In this case there was a perfect absence of sonorous and sibilous râles. Ordered chalk mixture, with the addition of tincture of catechu and laudanum. Vesication to the surface of the abdomen with the acetum cantharidis. In three days the exces-

sive purgation ceased, when she inhaled a mixture of iodine and conium once a day, her strength not permitting its more frequent use; and she also took a mixture composed of sulphate of quinine, laudanum, and infusion of quassia.

8. Improved; now feels some desire for a little nourishment, and is allowed arrow-root and wine.

16. Much improved; night-sweats less; cough less troublesome, and expectoration diminished. Takes her medicine regularly.

29. Left her bed for a few hours for the first time; appetite improved. Takes broth, and beer twice a day. Ordered a mutton-chop daily. Cough less; bowels regular. Continues her mixture. Pain in the right hypochondrium on pressure, but does not extend to the shoulder; pain disappeared after the application of a blister. In the course of the following month walked to the institution. The improvement in this case continues to the present day; scarcely any cough, appetite very good, tongue clean, and is now able to attend to her usual household concerns. She still continues to inhale, and take her mixture, with a small addition of sulphate of iron. I brought several medical friends to witness the extraordinary recovery in this case.—*Dr. T. Wilson.*

UNQUALIFIED PRACTITIONERS.

To the Editor of the 'Medical Times.'

SIR,—I have watched with much interest, and to be frank, some suspicion, the course of your journal since it fell under its present talented and very spirited management, and you have so falsified all my fears, and realised all my hopes, that I cannot prevail on myself to delay farther my warm acknowledgments, and the expression of my most fervent wishes for the success of, I firmly believe, the most honest periodical that circulates among the medical body. Your last bold proposal to brand with publicity every unqualified medical practitioner, if *fully and prudently* carried out, as I have no doubt it will be, will be the greatest and *most effective* benefit rendered to the profession during the last twenty years. The profession has long needed such a journal as yours; and if you but persist in your independent career, embodying every new improvement that suggests itself to you—and I think I could suggest one or two, much as I admire you—there will not be a single medical man who will not patronise and support you. Wishing you so happy a consummation, and once more assuring you that I write under the excitement of deeply felt gratitude, I am, Sir, your obliged and very faithful friend,

A PHYSICIAN.

[Our distinguished correspondent has obliged us with his name, and added offers of his services. We are not untouched by such, we had almost said, enthusiastic kindness—it proves at least that *our intentions* are appreciated. One word on our *black list*. Our wish, in the present list, is to give all dabblers in medicine for hire, who have not, either as apothecaries, surgeons, or physicians, diplomas from one of the existing legal examining bodies. The diploma may not, in some instances, be a sufficient guarantee for the public; but that being more the fault of the law than the holder, we are precluded by policy, as well as justice, from questioning the qualifications which regular medical authorities have admitted. In a future list it is possible we shall furnish a list of qualified men who deserve to forfeit their diplomas for low, empirical, and extra-professional practices.]

EXTRACTS FROM FOREIGN JOURNALS.

ACADEMY OF SCIENCES.

On the division of the spinal muscles. By Dr. Jules Guerin.—The division of the spinal muscles, applied to the treatment of curvatures of this column, may be considered under two different points of view, as an empirical method, the benefit of which has been proved by experience, without taking the causes of the disease into consideration, and as a rational method based at the same time upon experience and on a consideration of the cause of the deformity.

I. EFFICACY OF THE DIVISION OF THE SPINAL MUSCLES CONSIDERED AS AN EMPIRICAL METHOD.—This may be shown by anatomical researches or experiments upon the dead body, as well as by the results of practice.—*Anatomical conditions.* In all cases of curvature of the spinal column, we find the *sacro-lumbalis*, the *longissimus dorsi*, and the other muscles remarkably shortened, being directed in a straight line between their points of insertion, and forming a cord-like projection. This condition is sometimes carried to such an extent, that the muscular fasciculi arise from the vertebral column on its convex side and pass along the concave. This shortening is often from a third to even half of the length of the muscle.—*Experiments on the dead body.* In the dead body the muscles appear but little stretched; this seems to be owing to the cessation of vital contraction, and to the weight of the body in the upright position, which, by increasing the curvatures during life, causes the two points of insertion of the muscles to be approximated, and their fibres to be proportionably relaxed. But on suspending the subject by the head, this tension reappears, and opposes a perfect straightening of the parts. On dividing the lateral muscles, the deviation and curvatures instantly diminish, and sometimes even disappear. These results are more decided in proportion as the body is fresher, the subject younger, and the deviation less considerable in extent or duration. In bodies which are much decomposed, the muscles have lost all resistance, and in deviations of long standing, the ligaments are shortened, and the vertebræ more or less anchylosed.—*Clinical results.* The results of mechanical treatment plainly show the agency of the muscles in the production of curvatures of the spinal column. Extension can merely act upon the muscles and other soft parts; if the deformity originally depended on weakness of the sides of the vertebræ, it would be difficult to conceive whence the resistance to the straightening of the column could arise, and how this straightening could be effected and especially rendered permanent by extension. Moreover, in proportion as the muscles become elongated from the tractions exercised upon them, those which were at first collapsed and weakened, become gradually more elevated, and project beneath the skin, under the form of tense and isolated cords, passing in the direction of the curvature. When, after some months of this treatment, the deformity ceases to diminish, the division of the muscles causes more or less speedily a new degree of improvement, and the final result is always more rapid and more complete than from mechanical treatment alone.

II. EFFICACY OF THE DIVISION OF THE SPINAL MUSCLES, CONSIDERED AS A PHILOSOPHICAL METHOD.—To establish the legitimacy of this operation under this second point of view, we have merely to recall to mind the following propositions:—

1st. *That there exist some deviations of the spine depending on muscular retraction.* In support of this proposition, Dr. Guerin exhibited some preparations taken from monstrosities and fœtuses, presenting, on one hand, alterations in the brain and spinal marrow, and on the other curvatures of the spine, co-existing with other articular deformities, accompanied with tension of the muscles of each diseased articulation; another series of congenital curvatures of the spine, in the living subject, affected at the same time with club-foot, wry-neck, or strabismus, and offering on the other hand evident signs of true spasmodic disease of the muscular system; and lastly, a third series of curvatures of the spinal column arising after birth, and supervening directly on cerebral or cerebro-spinal diseases. In these three groups, deviations of the spine offer the same essential characters of seat, form, and direction.

2ndly. *Deviations of the spine from muscular retraction, present specific characters analogous to those of club-foot, wry neck, and strabismus*—In each deviation from this rule, there are two ways of verifying these distinctive characters. *In the living subject*, we may ascertain the exact relation existing between the seat, form, direction, and degree of the deformity and the seat, direction, and number of the retracted muscular fasciculi, and the intensity of their retraction. They present also all the appearances of retracted muscles in other parts of the skeleton; hard, fibrous, and tense, they form thin and isolated cords projecting under the skin. Although vital contraction and the effect of the weight in the upright position of the body sometimes mask the appearances of this shortening of the muscles; still there are many cases in which the characters of the latter are preserved in all their original force. But we may also generally *see*, especially *in the dead body*, that the form, colour, and texture of the muscles is evidently depending on the contracted fasciculi, similar to what we observe in club-foot, wry-neck, &c. They are reduced in size, retracted, and of a whitish yellow colour; their fibrous or fibro-cellular character contrasts strongly with the regular form, red colour, and fleshy consistence of the normal corresponding muscles. This transformation is sometimes so marked in the *longissimus dorsi*, that its aponeurotic portion is doubled in length at the expense of the fleshy part.

3rdly. *Deviations from muscular retraction may be distinguished from those produced by other causes.*—This proposition already established by the foregoing facts is most distinctly supported by the following principle:—*That there exists in all deformities a correlativeness of so exact a nature between their characters and the causes producing them, that we can in general, by the deformity, diagnosticate the cause, and by the cause determine the deformity.*

4thly. *The truth of this position is borne out in the most positive manner both by theory as well as practice.*

1st. By dividing, on the dead body, the retracted muscles, we shall obtain the diminution or the straightening of the deviation, and the more or less complete removal of its elements—*inclination, curvative, torsion, &c.*

2nd. In the living subject we may ascertain the characters of muscular retraction during the operation, by the operation, and after the operation.

During the operation there is a sensible change in the texture of the muscles; they offer a resistance to the instrument—their division is clean, followed by a very characteristic fibrous crackling, and their divided ends become instantly retracted. On the contrary, the normal fleshy fasciculi remain soft, give way to the bistoury, and are not so cleanly nor so readily divided.

By the operation we see the elements of the deformity disappear, some immediately, and others more slowly. But the most remarkable circumstance in this point of view is, that often after the section of the projecting fasciculi, we see other muscles which were passively contracted, and which have not been divided, project in their turn under the skin, and limit the straightening instantaneously produced by

e first operation. Their section afterwards ermits the completion of the reduction.

Lastly, *after the operation*, the divided uscles re-unite with the additional length hich was requisite. Their exterior and phyological characters not only re-appear, but ey recover their normal texture; from being in and fibrous, they become consistent and eshy; in a word, they regain their muscular haracter. We have ascertained in the dead ody this return to the normal state of muscles ivided several months, and even a year before.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

Strangulated inguinal Hernia cured without operation.—Mary Acton, aged 63, was admitted on the 4th of June, with a strangulated nguinal hernia on the left side. She had been subject to hernia for eleven years, but had, until within two months of the accident, worn one of Coles's trusses.

When admitted, she complained of great pain in the part, but had no fever or sickness. An enema composed of

Mag. sulph. ℥i.
Ext. coloc. comp. ℥i.
Gruel one pint,

was thrown up; as this did not produce the desired effect, she had injections of beef tea every hour, still no relief. She was in a high state of fever, and the peritoneum very irritable; excessive vomiting and great prostration of strength. She was ordered turpentine fomentations to the abdomen; these fomentations are made by soaking linen in hot water and turpentine, and applying them as hot as possible, and allowing them to remain until redness is produced. At the same time she had

Ext. coloc. comp. gr. iv.
Ol. caryoph. gtt. ss. Fiat pilula.
Ol. terebinth. ℥vi.
Ol. ricini. ℥vi.
Liq. Potassæ, ℥i.
Beef tea, ℥xss. Fiat injectio.

This was administered, and in a quarter of an hour large masses of fæcal matter came away with the former injections. The intestine was then returned, and she went out cured on the 16th.

Remarks.—It ought always to be borne in mind, that if a hernia has been down long, the ring becomes large, and strangulation takes place slowly. In old persons the symptoms are not so urgent as in young, and it was on that account alone that the operation was delayed. The reason that the beef tea injections were given, was because you generally get harm from drastic purgatives; they irritate the intestines, increase the mischief, and seldom if ever afford relief; it was therefore on that account that the soothing injections were ordered. The turpentine injections and fomentations seldom fail, but soothing emollient ones are to be preferred.

Strangulated femoral hernia — Death.—Eliza Steers, aged 62, was admitted into the hospital on the 25th of June, with a strangulated femoral hernia. She was very much emaciated, and appeared to be labouring under severe peritonitis, occasioned by the strangulation; had for the last 30 years worn a truss; thinks that the strangulation was occasioned by lifting a basket of wet clothes. On admission the pulse was 64, strong and bounding, abdomen not very tender, scarcely any sickness.

Was ordered

Ext. coloc. comp. gr. iv.

every two hours, and an injection of gruel and beef tea afterwards.

June 26th. Very much easier; the injections have brought away immense quantities of fæces; tumour smaller, but still great tension; pulse low, small and weak, tongue dry, skin hot and dry. Ordered brandy and water for the lowness.

Six o'clock p.m. Stercoracious vomiting, and great terderness of the abdomen; ordered

Creosoti. gr. ij.
Sp. vini. gall. ℥i.

As the symptoms continued, was ordered an injection of turpentine and castor oil, as in the case above.

27th. No better, still the bowels acted freely; tongue parched, abdomen very tender, pulse 60 small and weak, skin cold and moist. At eelven o'clock a.m. she gradually got worse and died.

Post-mortem examination.—On examining the sac, no intestine was discovered, but on dividing Poupart's ligament, a small knuckle of omentum, about the size of a hazel nut, was observed; it was in a gangrenous state, and quite free from any intestine.

MEDICAL MEMS, OF THE WEEK.

By PERISCOPICUS.

Dr. Walker, of Huddersfield, has published a number of cases to show the extraordinary benefit to be derived from the use of benzoic acid, in cases where "though there may be no gouty diathesis, no affection of the prostate gland, no stone in the bladder, &c.," there is yet an impaired state of the functions of the bladder itself, with more or less difficulty in passing the urine. He refers more especially to that chronic derangement in old subjects which, as he says, may be correctly called "dysuria senilis." The treatment was suggested to the doctor by the paper of Dr. Alexander Ure on gout stones, originally published in the Medical Times. (Dr. Ure administers twenty grains of the acid, giving it an hour after a meal.)

Mr. H. J. Johnson strongly recommends the opening of mammary and other glandular abscesses, by the formation of a seton. It keeps up a discharge as long as is required, and prevents formation of new matter, or recurrence to extensive incisions. He passes the eye-probe through an incision made in the most depending part of the abscess, through which the needle armed with a strip of lint, or thread is carried upwards and brought out at the superior border of the abscess.

An Italian Journal records the immediate death of 120 leeches applied to a butcher who had contracted malignant carbuncle from cutting up a diseased ox. Curiosity being thus excited, leeches were applied to patients labouring under the cholera, the same result took place. The inference is obvious.

Dr. T. Wilson, following in the wake of Dr. Graves and others, professes to have cured numberless cases of tubercular consumption, and writes as though consumption were as curable as ague. Like Dr. Graves he aims at diminishing the nervous irritability, and invigorating the constitution; to this end he gives a light nutritious diet, allow beer, but forbidding slops, orders gentle exercise, and administers thrice daily a mixture composed of sulphate of quinine, tincture of opium in infusion of quassia, adding occasionally small doses of sulphate of iron; the medicine does *not* diminish expectoration. Dr. Wilson also uses the acetum cartharidis in greater strength than prescribed in the pharmacopæia, when it acts as a powerful and often as an immediate vesicatory. While strongly recommending the acid as an invaluable contra-irritant, and using it where circumstances show it to be required, the doctor condemns *much* vesication, and never applies a second blister before the remains of the first are healed. Inhalations of iodine (in a very diluted form) combined with a pure saturated solution of conium are also sanctioned by Dr. Wilson, who attributes to their cautious use a most powerful and beneficial agency.

Dr. Beau, of Paris, speaking of the varieties of neuralgia of the skin, (properly called by M. Piorry *dermalgia*) introduces a new form, rheumatic dermalgia, more frequent among men than women; it is the effect generally of cold. It is varied in its seat, and causes two kinds of pain, one permanent, the other intermittent and severe, resembling the prick of a pin, and recurring each half-minute. The treatment is flannel to the skin, and the other remedies used for ordinary rheumatism.

Dr. Haworth, of Bolton, applying the well known law that bodies in motion would go on for ever if not met by resistance, says, that in the case of a fall, that though the cranium be stopped by contact, the brain will tend to continue the descent; and infers that the brain in such cases must recede from the parietes of the cranium at the part opposite to the external injury. The doctor supposes that a vacuum is created by the sudden shock, a vacuum which lasts but a moment, since either the restored circulation again expands the brain to its natural size, or the extravasated blood fills up the space. All the phenomena attending concussion of the brain, the reduction of the brain in volume, the interval created between the brain and dura mater, nay, even the symptoms observed in persons ascending high mountains, and the energy of character of mountaineers above others, find, according to Dr. Haworth, a satisfactory solution in the adoption of his theory.

Oxalic acid reduces the solution of gold, and has no action on those of platina. This fact, discovered by Mr. Kemp, is of importance.

Dr. Searle, of Bath, objects to the ordinary treatment of delirium tremens, and insists strongly that the attendant's efforts should, as a general rule, be more directed to the torpid state of the liver and bowels, and the congested condition of the brain, than to the exhausted irritability of the patient. Purgatives, blisters, local and occasionally general bleeding, followed by calomel and opium, till a gentle state of ptyalism is induced, was the plan which during a very extensive Indian practice in such cases he found by far most successful. Certainly one error in the ordinary treatment is the too great reliance placed on stimulants.

Dr. Robert Lee, in describing some novel appearances in the structure of the human decidua, expresses an opinion that the maternal blood in the ovum is circulated during the early part of the congestion, mainly by the layers of this membrane, and the cell of the chorion. The veins of the uterine decidua, he thinks, convey blood from the decidual cavity into the veins of the uterus, while another current, it is probable, flows from the cell of the chorion through the decidua reflexa into the decidual cavity.

Mr. Bartley, of Bristol, says he has cured, after a month's attendance, a woman of paralysis of the muscles of the left side of the face, arising from a chill caught by sleeping on a damp pillow, by giving her five grains of iodide of potassium thrice daily in water, and rubbing in the unguent. potass. iodid. under the ear, at the exit of the portia dura.

Mr. James Douglas has given at great length a case which controverts Mr. Smith's opinion, (23rd vol. Transactions Medical and Chirurgical Society) that partial dislocation of the os humeri forwards, cannot exist without fracture of the coracoid process.

Dr. Watson announces a strong opinion of the importance of the muriate of ammonia so much used of late in Germany, as a therapeutic agent in diseases of the liver; German physi-

cians attribute to it the same influence on the functions of that viscus as the various preparations of mercury, without any of their inconveniences; and Dr. Watson declares that he has noticed a very *remarkable* improvement in the character of the biliary excretion after the daily exhibition of the salt combined with the extract of taraxacum.

The Chinese physicians consider as a fact beyond dispute that there are twenty-four different kinds of pulse, and the varieties teach them, they say, the precise seat, character, and mode of cure of the different maladies. They will attend to a pulse for hours, and think they can predicate from it the barrenness or fecundity of a woman, the sex of the future child, &c. Dr. Racco, late F.R.C.P.L., held, according to Dr. G. Bird, much the same opinions, but swelled the varieties to two hundred. The sense of touch is the important element in this matter: the writer has known physicians who could not distinguish more than three varieties of pulse, and not these constantly.

Sir Benjamin Brodie, speaking of Dr. Macartney's case where the matter of a psoas abscess is alleged to have been absorbed, says, that he has seen a tumour or abscess over the ileum disappear after he has distinctly diagnosticated dead bone—a scrofulous tumour of the knee, &c., disappear in the same way, but that he yet considers the absorption of the purulent matter an opinion open to doubt.

Dr. Wright, of Birmingham, in a very elaborate paper on Saliva, distinguishes two kinds, the healthy and the morbid, asserting that the first is distinguishable, 1st, by the presence of sulpho-cyanogen; 2ndly, by the constituent discovered by Berzelius, and recently denied by Dr. G. Bird, viz., ptyalin; and 3rdly, by its being tasteless to the individual secreting it. Dr. Wright, considering that the morbid condition of the saliva originates in an undue proportion of ptyalin, and that the state of the latter is the representative of the state of the system, recommends the general subject to the close investigation of our physiologists.*

Sir A. Cooper preferred operating on hare-lips when the child was two years old; Dupuytren when in its third month; and Velpeau at any time under six months, or else in the tenth or fifteenth year; Mr. Houston, of Dublin, who with Dr. Beatty recently operated with success on a child three months old, prefers that age.

Dr. Ranking announces as the result of very extensive investigation into the size of the human heart, that—1st. That the male heart is larger in all its proportions than the female. 2nd. That the length of a healthy heart to its circumference should be rather less than as 1 : 2. 3rd. That the thickness of the right ventricular parietes is to that of the left as 1 : 3 nearly. (Laennec states the ratio to be as 1 : 2; Cruveilhier as 1 : 4; Soemmering as 1 : 3.) 4th. That the pulmonary artery is slightly wider than the aorta. 5th. That the right auriculo-ventricular orifice is considerably larger than the left, amounting to nearly an inch in both sexes.

Mr. Grantham, of Crayford, recently performed the operation of lithotomy on a girl three years and a half old, and extracted a calculus an inch and a quarter in length, seven-eigths of an inch in width, and two inches and a half in circumference. Lithotrity had been previously tried, but without success. The child is doing well.

Ricord urges that gonorrhœal ophthalmia should be met in its earliest indications with the strongest measures. Leeches to the temple, if there be fever, a bandage over the eye, gentle purgatives, strict attention to regimen, are to be seconded by the most important agent of all, cauterization of the affected conjunctival membrane with the nitrate of silver. The latter should be used early, even in cases of doubt. The effects of the first cauterization must regulate the subsequent use of the remedy. With the cautery he uses a lotion thrice daily, composed of one grain of the nitrate of silver to an ounce of distilled water. He applies it with a camel-hair brush, first to the lower lid, then to the upper, and lastly to the globe of the eye. The eye should be kept constantly cleaned of its purulent secretions, by injecting an anodyne decoction and weak lotion of lunar caustic alternately. M. Ricord occasionally adds to this extensive treatment, application of extract of belladonna, and general bleeding, if there be much inflammation.

Mr. S. Hare, of Gower Street, narrates a case in which he delivered a woman of a fine living child, after symptoms which misled four of his brethren to conclude that the child was dead. He dwells with proper spirit on the extreme importance of the stethoscope in diagnosticating pregnancy, and the vitality of the fœtus. Dr. Elliotson, we believe, was the first to point out this use of the instrument.

Mr. Isham Baggs refers the phenomena of the daguerreotype to electricity. Announcing the five uncontested propositions, that bodies dissimilarly electrified attract each other—that bodies similarly electrified repel each other—that positive electricity can only be neutralised by the addition of negative electricity, and conversely negative by positive—that the formation of vapour is invariably accompanied by the development of electricity, and that light is capable of conferring an attractive power upon glass, he applies them thus to the explication of the phenomena. The first step is to prepare a highly polished silver tablet, which is a *conductor*, and the tablet is placed in a box containing iodine, a *non-conductor*. The vapour rises—the first film deposited on the tablet loses its electricity by coming in contact with a *conducting* surface, but the after portions of course retain their electricity. The result so far is the production on the silver tablet of a non-conducting surface, with the upper part charged with electricity. Placed in the focus of the camera obscura, it is exposed to the action of light, then submitted to the vapour of mercury which is attracted to it. From the important fact that the mercury is repelled before the contact with light, and attracted afterwards, Mr. Baggs infers that light and electricity are identical, or that light excites electricity, "for positive can only be neutralised by negative, and negative by positive." This theory is important as the germ of something more complete, for certainly the chemical mode of explaining the phenomena of the daguerreotype is anything but satisfactory.

Mr. Goadby announces the following as the receipt for making his preservative solution for mounting animal tissues, &c.:—Four ounces of bay salt, two ounces of alum, four grains of corrosive sublimate, two quarts of boiling water, these to be well stirred and the solution filtered. Preparations immersed in this fluid keep their most delicate colours, it is said.

* Dr. Wright thus extracts pure specimens of ptyalin:—Pass saliva through coarse ordinary filtering paper, exhaust the residue with sulphuric acid, the solution will contain a fatty acid and ptyalin. Allow it to evaporate spontaneously, place residue in filter with distilled water, which dissolves ptyalin and leaves fatty acid. Now evaporate the aqueous solution to dryness, and you have "salivary matter" in pure state. "Ptyalin, as thus prepared, is a yellowish-white, adhesive, and nearly solid matter, neither acid nor alkaline, readily soluble in æther, alcohol, and essential oils, and more sparingly soluble in water. It alone possesses the characteristic odour of saliva; it is unaffected by galvanism, and by most of the reagents which coagulate albumen; it is abundantly precipitated by sub-acetate of lead and by nitrate of silver; feebly so by acetate and nitrate of lead and tincture of galls, uninfluenced by bichloride of mercury and strong acids; the latter considerably heighten its proper odour and impair its solubility, whilst alkalies render it more soluble, and give it the smell of mucus. Moderate heat and oxygen gas also increase its odour, but intense heat or cold diminishes or entirely destroys it. At a suitable temperature ptyalin may be preserved for any length of time without risk of decomposition. The salivary fluid from which ptyalin has been removed by filtration, possesses s sickly mucous smell, decomposes much sooner than ordinary saliva, and in the process of decay invariably evolves ammonia. If this fluid be heated, the mucous smell will be increased until the evaporation shall have been continued nearly to dryness, when a slight salivary odour may be recognised, due to a portion of ptyalin being liberated from the mucus with which it was previously in combination."

MEDICAL NEWS.

Dr. Pendlebury, physician to the Royal Infirmary, Manchester, died on the 14th ult., in his 35th year. The long cortege of friends and collegians attending his funeral, bore testimony to the affection and respect all bore to him who knew him.

The Lancet has announced, in reply to the note of another gentleman slandered in its columns, that it has come to the resolution of never publishing any "such slanderous statements" again, unless they are authenticated. Why publish slanderous statements at all? However, there is at length one improvement effected, and though late, the profession should be thankful for it.

Westminster Hospital Medical and Scientific Society.—Mr. Longmore will read a paper on the phenomena to which "Animal Magnetism" has been applied, on Wednesday, 16th March. Dr. Hunter in the chair.

On Wednesday, the 23rd of March, the last meeting of the above society this session will take place at the usual hour, on which occasion the Vice-President's prize will be awarded to the successful condidate, and the *retrospective oration* delivered by George Williamson, V.P.

Dr. Lemann, F.R.C.P.L., the candidate for the librarianship of the Linnæan Society (vacant by the death of Professor Don), has been rejected, and the former assistant, Mr. Kippest, appointed.

Professor M. Müller, of Gottingen, died recently at Athens, of a fever caught whilst exploring the remains of Delphi.

French Post-mortem Examinations.—The Minister of the Interior has rescinded the regulation of the Council of Hospitals at Paris, by which the medical officers were forbidden to open any bodies of persons dying in hospital without a written permission from the surviving relatives.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members on Friday, February 25th, 1842:—

Charles Smith; Edmund Henry Peters; Horatio Girdlestone; Joseph Schofield; Henry Norton Shaw; Thomas Patrick Matthew; Richard Tilston; Edward Turner.

Friday, March 15th, 1842.

Charles Ingram; John Carte Barrett; William Godfrey Watt; Benjamin Frederick Frankis; James Mc Namara; William Carson; Thomas William Ransom; Henry Day; John Balfour Buchanan; John Drighton; Frederick Hughes Kelson; Douglass Nicholas Tucker; Charles Otter Gilby.

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33, Upper Gower-street, University College.

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A. M. MAXWELL, Col. 35th Regt.

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COURSE OF CLINICAL LECTURES ON DISEASES OF WOMEN.

Delivered in the Hospital of La Charité, by Professor VELPEAU.

LECTURE VIII.—INCOMPLETE INVERSION OF THE UTERUS.

THE uterus is subject to various kinds of displacement, constituting so many maladies which it is necessary thoroughly to understand and perfectly to distinguish in practice. It is not my present intention to consider each of these affections, by entering on their symptoms, progress, and treatment; but I shall especially devote these discourses to a kind of displacement which has not received sufficient attention from surgeons; I mean *incomplete inversion*. Last week you must have seen in this hospital a patient labouring under this affection, and on whom I operated in your presence; this forms, therefore, a favourable opportunity for you to trace the history of this terrible disease. We call *inversion* of the womb that state in which the *fundus* of this organ, being depressed within its proper cavity, is turned upon itself, in the manner of a purse, or the finger of a glove, and presenting itself at the orifice of the womb, dilates it, penetrates a greater or less distance within the *vagina*, and often passes along the whole length of this canal, and projects between the thighs. The internal surface of the organ thus becomes external; the tumour which is observed, is covered with mucous membrane, and its concave surface is lined with the *peritoneum*. This cavity, which in the natural state opens into the vagina, now corresponds to the abdominal cavity. From this description, I think, you must perfectly comprehend this species of displacement of the *uterus*. Various degrees of inversion of the womb have been described. Sauvages, and some other authors, have admitted four; Levret, acknowledges but two; Leroux, three. This last classification is the most prevalent, and is generally adopted by modern authors. I will now describe these three degrees.

In the *first degree*, the fundus of this organ is simply depressed, and presents superiorly a cavity lined by the peritoneum, and inferiorly a convexity covered over by mucous membrane. On introducing the finger into the vagina, and dilating the neck of the uterus so as to penetrate into the interior of the womb, we recognise this convexity, of which I have been speaking, at a greater or less distance from the *os tincæ*. We may, also, in spare women, on applying one hand upon the hypogastric region, and introducing the index-finger into the *rectum*, distinguish with considerable facility this abnormal condition of the uterus, the form of which has been compared by Mauriceau to the *extremity of a glass phial*. In the *second degree*, the *fundus* of the uterus has passed through the neck of this organ, having dilated its orifice, and forms in the upper part of the vagina a peculiar tumour, the characters of which I shall explain to you. This constitutes *incomplete inversion* of the uterus. Lastly, in the *third degree*, the whole body of the womb is completely inverted, filling up the vagina, and most frequently also projecting between the thighs under the form of a soft and pyriform tumour of the size of the head of a new-born child, and of a variable appearance, depending on the length of time that the disease has been developed. In these cases, with one hand applied upon the hypogastrium, and the index-finger of the other hand introduced into the rectum, we shall discover merely a void in the position previously occupied by the womb. They who, with Sauvages, admit four species of inversion, divide this last degree into two. With them, the *third degree* is constituted by the complete inversion of the womb, but without the appearance of this organ beyond the vulva; in the *fourth degree* the womb is inverted, and projects between the thighs.

I have previously said that it is my intention to treat only of incomplete inversion of the uterus. I have merely mentioned the other two degrees to enable you thoroughly to understand the question before us. Still some of the considerations into which we shall enter will apply, in more respects than one, to inversion of the womb, considered in a general manner in all three of its degrees.

Causes of incomplete inversion of the Uterus.—It is generally admitted that inversion of the womb cannot take place unless there previously exist a state of dilatation or reduced consistence of this organ, together with a species of atony of its parietes; it is also necessary that some power should act upon these parietes to cause the inversion; hence we divide the causes of this affection into *predisposing* and *exciting*.

A. *Predisposing causes.*—The parietes of the uterus, as well as the neck and orifice of this organ in a state of vacuity, present such a firmness of structure, especially in women who have never had children, that one cannot conceive the possibility of inversion in these cases. Still some surgeons assure us that they have observed this disease in girls or in women in whom the uterus had not been subjected to any cause of distension. In 1744, Puzos read before the Academy of Surgery a memoir on this species of inversion, and related, in support of his opinion, several cases which he had witnessed. Baudelocque met with a case of inversion of the uterus in a girl 15 years of age, but he regarded this as a vice of conformation of this organ. Still Boyer, who, as he himself acknowledges, had partaken of the general opinion as to the predisposing causes of inversion of the womb, and who thought that this disease could not take place without a previous distension of the organ, has observed a case which seems to have modified his ideas on this point. The following are the particulars of this observation.

CASE 1.—"The subject was a woman who had had no children for 15 years, and in whom the uterus was quite free from any foreign body. She was between forty-four and forty-five years of age, tall, and of considerable but not excessive *embonpoint*; she had always been *regular*, and had been the mother of three children. She had never been subject to uterine hæmorrhage nor *fluor albus*. After experiencing for some time a feeling of pain and of weight in the pelvis, and a dragging sensation in the region of the loins, especially after walking, or when she had been standing for some time, there appeared at the orifice of the vagina a tumour, which, was perceptible to her finger, but for which she had not consulted any one. This tumour however becoming more and more apparent, eventually escaped from the vagina, presenting itself between the *labia majora*, which it soon passed. The symptoms under which the patient had laboured having now become more intense, she consulted two medical men, who regarded the tumour as a *polypus*, and proposed the ligature. Before deciding on the operation, she wished for further advice, and I was consulted. On making an examination, I perceived between the *labia majora* a tumour protruding about eight or ten lines outwards. This tumour was a little larger than the womb in its natural state; it was of a pyriform shape; its pedicle, which was short and thick, was surrounded by a kind of fleshy ring, beneath which the finger might be passed for some lines in distance. This body was rather painful to the touch; it was of a greyish colour, its surface was rather uneven and somewhat villous; it presented, in some points, superficial ulcerations, which became healed up and reproduced alternately. At each menstrual period, this secretion might be seen exuding from the surface of the tumour; the little drops, at first separated, were soon united with others produced in the same manner, and thus formed a kind of layer with which the whole lining membrane was covered. Between the menstrual periods, an abundant yellowish mucus was secreted by this surface. On pressing the tumour from below upwards, it might be made to ascend between the *labia* into the vagina; but as soon as the pressure was discontinued, it re-appeared in its former position. The combination of all these phenomena left no doubt as to the nature of the tumour. I made various attempts to reduce it, but without success. Despairing of this object, I told the patient that no other course was left but to apply a ligature around it, or else abandon it to itself. She would willingly have submitted to the ligature, but I did not venture to undertake it for fear of those unfortunate results to which it almost always gives rise, and I persuaded her to bear with the inconvenience, especially as she enjoyed good health in other respects, and laboured under no other inconvenience than that of which I have spoken." Boyer concludes that it is not absolutely impossible that inversion of the uterus should take place without any previous dilatation of this organ, but that in these cases there doubtless exists in the structure of this organ a peculiar disposition which favours the inversion, whether this disposition arise from its original conformation, or whether it depend on a morbid condition which is not manifested by any appreciable symptom.

I shall not enter into further details on this subject, but will merely add, that uterine inversion is possible before pregnancy, as Diemerbroeck has ascertained, and an instance of which I have myself observed. Still I must say that these cases are exceedingly rare, and that inversion of the womb scarcely ever takes place, but in women in whom this organ has been distended by the product of conception, or by some foreign body, as a polypus, water, hydatids, blood, a mole, &c., which may have dwelt for a more or less extended period within its cavity. The vertical position, at the moment of accouchement, ought also to be classed among the predisposing causes, as proved by a case of M. Canole. It is almost unnecessary to add, that the production of uterine inversion in a preceding accouchement should also be taken into consideration. Baudelocque affirms, that a very short umbilical cord, arising from natural or accidental causes, is much more capable of producing this affection than the weight of the placenta as spoken of by Sabatier, whilst Madame Boivin gives as the most frequent of all causes, premature delivery. Such are the principal predisposing causes mentioned by authors; but remember that the chief is the development and dilatation of the parietes of the uterus.

B. *Exciting causes.*—Among these causes should be placed all those powers acting upon the uterus in such a manner as to force the *fundus* of this organ towards its orifice. Leroux insists much upon the action of the abdominal muscles and the diaphragm, especially when this action continues after the expulsion from the womb of the product of conception, and when the contractions of this organ have ceased; he says that this effort may even cause a total inversion of the uterus, and push it into the vagina with the placenta. M.

Leroux adduces the following case in support of his opinions:—

Case 2.—"Levret was called to a young woman who was in labour; everything seemed favourable for the delivery; the pains were strong and expulsive. Soon after his arrival, the child was born with a very strong pain. After tying the cord, he was about to remove the *after-birth*, but was surprised to find outside the vulva an enormous mass, which at first appeared to him to be a placenta of extraordinary size; on examining it more attentively, he discovered it to be the inverted womb. The placenta was easily detached, and the uterus then pushed back into its natural position. No bad consequence resulted" This, it is true, forms an instance of complete inversion; but, as Leroux observes, we can easily comprehend that if the muscular compression be less powerful, and cease soon after the expulsion of the child, we should merely have a simple depression of the *fundus uteri*, or incomplete inversion produced. The following is a case of this description:—

Case 3.—"In 1769," says Leroux, "I was called to Madame R——. The child had been born more than an hour, but the placenta had not come away. She experienced a state of inexpressible anguish, with great weakness. The hæmorrhage was not excessive, but was continued and had gone on for more than half an hour. The womb formed a somewhat prominent tumour above the pubis. That part of the placenta to which the cord was attached was close to the entrance of the vagina, and I at first thought that it was merely retained from its size; but, on a careful examination, I found this mass to be larger and possessed of more solidity than the normal placenta; it was firm and resistent on every side. Being unwilling to make any further traction on the cord, I passed my hand into the vagina and then discovered that the uterus was inverted. The edge of the placenta was separated for some distance on its posterior part, hence giving rise to the hæmorrhage. I easily accomplished its entire removal, and immediately pushed back, into its natural position, the *fundus uteri*, which had been drawn down with the placenta into the vagina. With my other hand lightly pressed above the *pubis*, I easily perceived the increase of the abdominal tumour previously spoken of; it appeared to rise as high as the *umbilicus*, when it suddenly contracted, driving out of its cavity the hand which had been introduced." This case confirms a precept, upon which I shall hereafter have occasion to insist, namely, that when inversion of the womb is recent, its reduction may often be performed with great facility.

Without entering into further details as to the action of the abdominal muscles and the diaphragm in the production of inversion of the uterus, I may say that, while admitting the power of this cause, I do not think that we ought to consider it of the same importance as Leroux has done.

The most frequent causes, according to all modern authors, consist in too quick labours; in dragging away the placenta before the proper time, that is to say, before it is thoroughly detached; in exercising immoderate traction on the umbilical cord to hasten the expulsion of the *after-birth*. Peu, Armand, Mauriceau, Saviard, and several other authors, relate instances of this kind. Remember in practice that the removal of the placenta is an operation that must be performed with the greatest caution. I will add, that violent attempts to extract a *polypus* from the womb may produce the same accident. The following case, mentioned by Levret, bears on this point:—

Case 4.—"Theod. Zwinger," says Levret, "relates that a countrywoman, 50 years of age, who had been tormented for two years with frequent and copious uterine hæmorrhages, accompanied with pains in the loins and also in the groin, as well as a constant desire to pass water, after a time perceived in the vagina a body having a tendency to escape, and which prevented her sitting down. She consulted two midwives, who, being little accustomed to these extraordinary cases, and taking this foreign body for a clot of blood, proposed to extract it. One of them seized it with the hand and tried to draw it away; but instead of a clot, she perceived that she was dragging a fleshy mass which descended from the interior of the womb. The cries of the woman, occasioned by the violent pains which she felt from these attempts, obliged the midwife to renounce her intention; but symptoms of the most grave character quickly supervened. The medical man who was called in, discovered that the womb which had followed the *polypus* was inverted; he removed the *polypus*, which was *sphacelated*, and performed the reduction of the uterus. But gangrene showed itself, and the patient died a few days afterwards."

It may be said, that in most of the cases of which I have spoken, the incomplete or complete inversion of the uterus is caused solely by the precipitation or awkwardness of the accoucheur, or midwife. But such is not always the case; the womb may become inverted at the moment of delivery, without any fault on the part of the attendant. It is thus that this accident sometimes arises during the violent and prolonged efforts made by the woman at the moment of the expulsion of the child. I have already said that Leroux places this among the most important causes. The sudden exit of the infant should also be classed among the exciting causes. Several cases may be brought forward in proof of this assertion. I may say the same of a very short umbilical cord, or where it is twisted round the neck or other parts of the infant. Baudelocque relates the following instance:—

Case 5.—A woman feeling the head of the infant in her vagina, instead of moderating her efforts and merely encouraging them during contractions of the womb, made such prolonged and powerful expulsive attempts that the child was rapidly born, and the placenta together with the *fundus uteri* forced into the vagina. The umbilical cord formed two folds around the neck, three upon one of the legs, and another on one arm.

A large *polypus* growing from the fundus of the uterus, after dilating the neck may also cause inversion of the organ. This accident sometimes appears after efforts made to evacuate the bowels. Still I must add that these cases occur in women who have been put to bed but a few days previously; hence it may be supposed that the commencement of the inversion was already existing, or at least that the womb was in a relaxed and atonic state. M. Voisin has published a case of this description, the particulars of which are as follows:—

Case 6.—A woman, 20 years of age, had a quick delivery, the whole process occupying but half an hour. The placenta came away immediately after the child, the midwife who attended using slight efforts. Still everything went on well, till eight days after her confinement, when she saw, while straining somewhat at stool, a large and red tumour appear between her thighs. The reduction was performed. Being uneasy at her condition, this woman resolved on entering a Parisian hospital. Whether the inversion had become reproduced, or whether the reduction had never been perfectly accomplished, the surgeon discovered at the bottom of the vagina a red projecting and ovoid tumour; he thought it a *polypus* and resolved on removing it. The tumour was seized with a pair of forceps, and brought outside the vulva. The mistake then became evident; it was discovered to be an inverted uterus. It was immediately replaced within the vagina, and with some difficulty reduced to its natural position. The vagina was plugged and kept in this state for some days to prevent a relapse; but *metro-peritonitis* supervened and carried off the patient.

This case proves the importance of not confounding *polypi* of the womb with inversion of this organ. We shall have occasion to return to this subject. It shows also that inversion of the uterus is not always effected at the moment of accouchement. In another case reported by M. Tealier, we find the inversion occurring about the tenth day after delivery; and in one mentioned by Ané on the twelfth day. But, I repeat, in all these cases, there is no proof that the accident did not commence at the moment of delivery. We know, also, that inversion of the womb may take place in a slow and gradual manner, so that we may, as it were, trace its progress day by day.

Symptoms of Incomplete Inversion of the Uterus.—The signs characterizing this disease are local and general.

A. *Local signs.*—We perceive in the vagina a pyriform, firm, elastic tumour, usually sensible to pressure, terminating above by a pedicle of one or two inches in diameter, and giving the idea of *polypus* of the uterus. This tumour bleeds with facility, and gives rise to intermittent hæmorrhages occurring at more or less distant periods. There is most frequently great difficulty in passing the finger between the pedicle of this tumour and the neck of the uterus which compresses it in the manner of a ring. On applying one hand upon the *hypogastrium*, and the index-finger of the other hand in the rectum, we may easily perceive the depressed uterus forming a cavity into which the finger penetrates with great facility. Still, I should add, that this phenomenon can be but indistinctly observed in women who are not very thin, and have not had a large family. This method of examination presents then in some cases great advantages, and should not be neglected in practice. When the tumour is somewhat strongly compressed by the neck of the uterus, as frequently happens in incomplete inversion, the patient experiences violent darting pains throughout the pelvic cavity, and which extend to the groins and lumbar region; she complains of a sensation of weight in the pelvis, and a frequent desire to go to stool; but this is merely a deceptive feeling, and the straining efforts to which it gives rise, have sometimes caused complete inversion. The patient also experiences a difficulty in passing water. When the inversion takes place suddenly, it gives rise to a tearing sensation in the womb, causing the patient to cry out that her bowels are being dragged away. I should add, before proceeding further, that several of these characters may also be present where a *polypus* has become fixed in the neck of the womb. I will therefore shortly point out to you the means whereby, in most cases, it will be easy to draw a line of distinction between these two diseases.

B. *General symptoms.*—When incomplete inversion of the womb is very recent, and when the inverted portion of this organ is not strangulated by the neck, the general state of the patient is scarcely affected at all. But the case is different where the disease is of some standing, or where copious or frequent hæmorrhages have taken place; the patients then sink into a state of progressive exhaustion; their skin loses its colour; a sensation of faintness or *syncope* more or less frequently supervenes; they fall into a state of *marasmus*, and death more or less speedily arrives. This was the case with the woman on whom I lately operated, and of whom I shall speak hereafter. When the inverted portion of the womb is strangulated by the neck of this organ, we observe another order of phenomena. The patients are attacked with acute pains; the countenance and the whole surface of the body is covered with a cold and clammy sweat; spasms and true convulsions are manifested, and sometimes the patient sinks during one of these attacks.

Diagnosis.—If you thoroughly understand what I have hitherto said on inversion of the uterus, you will easily conceive that it is scarcely possible to confound this species of inversion, either with *prolapsus* of the womb, or with the head of a child. I know that mistakes of this kind have been committed by ignorant or inattentive persons; but in these cases there must have existed a complete inversion of the organ. On this subject, errors of the most gross kind have been recorded, into which, men, otherwise of some degree of merit, have fallen. But, not to digress, I think the disease, most resembling incomplete inversion, is *polypus* attached to the interior of the uterus. There are in fact many cases in which the most minute examination is requisite to guard against error. M. Petit relates the following case.

Case 7.—"A woman, thirty-six years of age, on the fifteenth day from her confinement, made an effort to rise, and immediately had the sensation of some body becoming displaced and falling into the vagina. This tumour was taken for *prolapsus uteri*. The woman had a very copious discharge of blood and mucus; a pessary was applied, and astringent injections made use of. Three months after the accident, pale, feeble, and exhausted, she entered the *Hôtel-Dieu*, at Lyons; she had sharp pains in the bowels, and a sensation of weight in the *rectum*.

M. A. Petit, on making a vaginal examination, discovered a flabby, smooth, and pyriform body, hanging by its pedicle through the centre of the neck of the uterus; he considered it a *polypus*. M. Rey, and four others, partook of his opinion. M. Rey was deputed to perform the operation. The ligature was placed, but at the moment of tightening it, the woman gave such a violent cry as led one of the surgeons to suspect inversion of the womb. As some doubts were raised by another examination, the operation was postponed till the next day; the ligature was removed. Pains of the most violent character arose in the bowels; the woman became gradually weaker, and died on the fifth day. The autopsy showed clearly the existence of the inversion."

I could relate several other facts of the same kind. Who also at the present day is ignorant of the fact, that more than one reported case of success from extirpation of the inverted womb, is truly referrible to the removal of uterine *polypus*? But if we give attention to the velvet-appearance of the tumour, to its red or violet tint, to its sensibility, to the vacuum felt on applying the hand upon the hypogastric region, and the finger in the *rectum*, in the place which ought to be occupied by the womb, we shall, in a great majority of cases, have the necessary means for dispelling all doubt on the subject. The previous history, as well as the mode of development of the disease, should also be taken into consideration. These circumstances alone are often able to guide us in our diagnosis. Some difficulty may however exist where there is a *polypus* at the same time as inversion of the womb, as sometimes happens when a *polypus* developed in the uterus dilates its parietes, gradually thins the neck of this organ, and drags down the fundus and part of the body at the same time. We then observe a double tumour representing two cones united together at their *apices*. At the point of union, a circular contraction exists, resembling in some measure a kind of collar; but, by carefully examining both tumours, and bearing in mind the characters presented by these two affections, we shall avoid all mistake. In fine, I think I may advance in a general manner that the diagnosis of incomplete inversion of the womb is most frequently easy, and that in the present state of science, well instructed persons, however little exercised, will, after a careful examination, rarely commit errors in this respect. Still it is not my intention to throw blame on all those who have been led into mistake; I know perfectly well that there are cases in which a doubtful opinion is the only rational one that can be given.

WOUNDS.

By W. T. KAY, Esq., M.E S.L., &c.

(Continued from page 257.)

MORTALITY OF AMPUTATION IN MILITARY HOSPITALS.

In a series of primary amputations for injuries of the field, recorded by Mr. Guthrie from the battle of Toulouse, and another series recorded in the hospitals under my* charge, both series, treated under fairly favourable circumstances, the mortality in the upper extremity, you have seen, was 1 in 9.5; in the lower, 1 in 4.7; which, compared with the most favourable results in civil hospitals before us, gives a proportionate success not far from double that obtained by amputations for the injuries accruing from railroads, machinery, &c.; and if we take the average of the least successful, those of the Glasgow Infirmary, the mortality in the primary amputations of the military hospitals is two-thirds *less* in both the upper and lower extremity.

Thus, in reference to the injuries of civil and military life, it is evident that the mortality of primary amputation for the former is at least doubled; and sometimes the deaths exceed those resulting in military life by two-thirds. There must be a cause for a difference as constant as it is great.

The same result, however, does not hold good in the cases usually clubbed together as *secondary amputations*, that is to say, all those performed after the primary period. In the American civil hospitals, the mortality is 1 in 11 in the upper extremity; 1 in 2.2 in the lower. In the military hospitals before specified, in the upper it is 1 in 4.6; in the lower 1 in 2.

Mark the conclusion—the primary amputations for injuries of military life, which, compared with those of civil life, presented a mortality less by one-half in secondary amputations, give the reversed conclusion of being twice as fatal in the upper extremity, and a fraction more fatal in the lower.

The classes under which we may best consider the variations in the nature of injuries as regards amputation, are the same as those adopted in considering the same injuries under treatment. Injuries of joints—injuries as only fracturing the shafts—injuries favourable, doubtful, or unfavourable, in reference to their fitness for treatment and cure. These have to be considered in reference to periods of amputation, which are three; the *primary*, before the supervention of febrile action; the *intermediary*, from its supervention to its abatement or cessation usually marked by the full developement of suppurative action; and *secondary*, any subsequent period before the healing of the wounds. Let me recall to you the chief characteristics of the progress and results of operations performed in each of these periods.

In military life, we have seen, *primary amputations* are the most successful. The series I selected for analysis consisted of 57 cases performed in the hospitals under my charge, the majority in the same locality in twelve consecutive months; of these, 29, or more than one-half, died. Thus you saw that even primary amputations for gunshot injuries are liable to modifications in their success, even if you had not seen that in one series of 18, 15 died. The same causes which influence the primary, may probably modify the results of amputations performed in the intermediary and secondary periods. In reference to external circumstances and dynamic influences prevailing during the treatment of amputations, I stated that I had always observed, that when these were highly unfavourable, the consequences seemed to fall more heavily on the primary than the secondary, while the intermediate amputations all perished. Under favourable circumstances, on the contrary, the order in rates of mortality beginning with the most successful, is, first, primary; secondly, secondary; thirdly, intermediary.

Of 36 amputations, under more or less unfavourable circumstances, 18 were performed under distressing and highly deleterious dynamic influences. To ascertain, therefore, how far physical circumstances influence the result, when there is no other unfavourable influence predominating, I separated the 18, and considered the mortality and diseased actions supervening on the remaining 18, of which number 10 died. The different mortality of 15 in 18, and 10 in 18 alone indicating an influence in the one, not existing in the other. In 21 primary amputations performed on the field and in hospital under favourable circumstances, 4 died, or 1 in 5.

Primary Amputations			No. of Cases.	Deaths.	Proportions
Under favourable circumstances (9 of the thigh)	21	Upper Extr.	11..	1..	11.
		Lower do.	10..	3..	3.3
Under more or less unfavourable ditto	36	Upper Extr.	21..	13..	1.6
		Lower do.	15..	12..	1.2
			57..	29..	1.3
But if we analyse further, 18 were under deleterious dynamic influences	18	Upper Extr.	9..	7..	1.2
		Lower do.	9..	8..	1.1
And 18 unfavourable external influences only	18	Upper Extr.	12..	6..	2.
		Lower do.	6..	4..	1.5

Thus merely external circumstances, when unfavourable, increase the mortality in the upper extremity more than five times; in the lower, they double it. But under temporary, and but partially unfavourable external dynamic and moral conditions, the mortality averages, in the upper and lower extremity, from seven-ninths to eight-ninths of the whole number amputated. In each of the three conditions, the more they are unfavourable the less difference is there between the relative mortality of upper and lower extremity. Thus, under favourable conditions 10 in 11 are saved in the upper, 1 in 3.3 in the lower; unfavourable physical, 1 in 2 in the upper, 2 in 3 in the lower; unfavourable dynamic in addition, 1 in 4.5 in the upper, 1 in 9 in the lower.

Thus much for the mortality under varying external and dynamic influences, and in reference to site.

Nature of diseased actions causing mortality.—We found their nature changed also in different circumstances. In 29 fatal cases in 57 primary amputations, 4 occurred under favourable circumstances; 10 under unfavourable physical and collateral circumstances; 15 under partially unfavourable physical, but predominating unfavourable dynamic influences.

The diseased actions are in the 4—1 irritative fever, no organic disease; 1 bilio-remittent, phlebitis; 1 phlebitis and purulent depôt in a joint; 1 necrosis and vomicæ of lungs, &c.

In 10—3 irritative fever; 2 cholera; 1 tetanus; 1 hectic; 1 bilio-remittent; 2 febrile type, not ascertained.

In 15—10 bilio-remittent; 5 arm, 5 thigh—9 with diseases implicating viscera; 4 of thigh.

Disease of lungs and liver in 4; of lungs only, 4; of liver only, 1; phlebitis (arm) 1; 2 irritative fever, phlebitis in both, abscesses of lungs in 1; 1 hectic and phlebitis; 1 type doubtful, abscesses in lungs, liver, and shoulder-joint; 1 shock of operation.

The chief difference to be observed when dynamic influences of unfavourable character prevail, therefore, is the large preponderance of bilio-remittent type of fever; of purulent depôts in distant parts, and in the viscera; finally of phlebitis. These occur in each of the other conditions, but in different proportions. These latter fatal actions occur in pretty equal proportions in upper and lower extremities. If we look, therefore, at the causes of death in the whole 57 primary amputations, the chief actions in 29 fatal cases run in the following numbers:—13 bilio-remittant; all (except one not examined) with secondary diseases of viscera, or with purulent depôts in the limbs; 5 irritative fever, 3 in like manner complicated, and 2 with phlebitis; 2 hectic fever, 1 with phlebitis; 1 purulent depôts of lungs and liver, with no distinct febrile type; 1 phlebitis, ditto; 2 cholera; 1 shock of operation; 1 tetanus; 3 causes not clearly ascertained.

Compared with the causes of death in 38 cases not amputated, we have the effects of one shock in the injuries treated; and the diseased actions resulting from two, quickly succeeded each other in the primary amputations. The actual proportion of the febrile and the irregular actions is not very different, but the remittent is predominant in amputation; the hectic in cases dying under treatment. The proportion of irritative fever in primary amputations is about that of the remittent in fractures. The proportion of tetanus and shock is more than doubled in cases treated.

(To be continued.)

ON THE PREPARATIONS OF ANTIMONY AND OF MERCURY.

By WILLIAM TYSON, Esq.

In comparing the effects of James's Powder with Pulvis Antimonialis, I sometimes found their virtues so alike in all their combinations as not to be distinguished. Sometimes I had occasion to prefer James's Powder to the Pulvis Antimonialis; at other times I had reason to give the Pulvis Antimonialis the preference, finding that in the James's Powder there was considerable variation.

Profiting by the idea set forth by Chenevix, I began with his preparation, which I soon found would not do; for I never was certain of the quantity of antimony. I then tried the oxide procured from emetic tartar; and mixing it with phosphate of lime, I found I had a very useful antimonial, but it did not quite answer my expectation. At length I made my experiments on the pulvis algarothi, as ordered by Duncan; and upon adding to it, while in a state of hydrate (that is, after the supernatant liquor had been poured off), a solution of carbonate of ammonia, I was surprised to find a considerable effervescence, showing

* Mr. Rutherford Alcock

me that the beautiful white pulvis algarothi still contained a quantity of muriatic acid. I therefore continued to add solution of carbonate of ammonia, as long as any effervescence continued, and thereby deposited a straw-coloured protoxide, which I washed with distilled water upon a filter, and carefully dried.

The next thing I had to do, was to ascertain the effect of this; and I soon found that in this straw-coloured oxide I had a medicine of great power and efficacy, and that I could only give it in dose, from one-tenth of a grain to a grain; that a grain often vomits and purges; that half a grain combined with five grains of calomel, given at the commencement of all febrile diseases, and followed by the neutral salts, cut short those diseases; that smaller doses given every six hours, after proper evacuants, proved a mild but certain sudorific, without the nausea which emetic tartar produces; that when combined with small doses of calomel, it proved a powerful alterative. Comparing these effects with the best samples of James's Powder, I found it easy to form a compound similar thereto; and by experience I found I had obtained a preparation far superior, as being always the same and always certain. The following No. 1 and No. 2, are the forms in which I use it:—

PULVIS ANTIMONIALIS.

No. 1.—R. Protoxidi Antimonii, gr. ij.
Phosphatis Calcis, gr. xviij. Misce.

Dose, from five to ten grains, if taken alone; but if combined with calomel, one grain to five grains.

Here we have a preparation totally soluble in dilute muriatic acid, ten grains containing one grain of protoxide of antimony.

No. 2.—R. Protoxidi Antimonii, gr. ij.
Sulphatis Potassæ
Phosphatis Calcis, aa. gr. ix. Misce.

Dose, the same.

Another form may be made in the same proportions, with calcined hartshorn shavings; but I prefer the above, as being entirely soluble in weak acids.

To the second form, you observe, I have added sulphas potassæ, for three simple reasons:

1st. Because, in the best analyses of James's Powder, sulphate of potass has been found; which probably arises from fusing together sulphuret of antimony and nitrate of potass.

2d. Because it is more economical, in saving my phosphate of lime, which being procured by solution, is troublesome to obtain, and expensive.

3d. The third reason is the most sound of all: it acts with more certainty, and gently, upon the secernents of the alimentary canal. The practitioner may use which form he pleases; but, after many years' experience, I prefer that with sulphate potassæ.

PROTOXYDUM ANTIMONII.

R. Sulphureti Antimonii, ℥j.
Acidi Muriatici, ℥iv.
Acidi Nitrici, ℥ss. Misce.

Boil together for an hour, in a glass vessel; filter through paper; pour the filtered solution into water; pulvis algarothi, *i. e.* submuriate of antimony, is precipitated; pour off the supernatant liquor, and add to this precipitate a solution of carbonate of ammonia, as long as any effervescence continues; wash upon a filter with distilled water, and dry by a gentle heat.

Here we have about five drachms of beautiful straw-coloured protoxide.

PHOSPHAS CALCIS.

R. Cornu Usti (vel Earth of Bones), ℥iv.
Acidi Muriatici, ℥iv.
Aquæ Puræ, ℥x. Misce.

Let them stand together for several days, occasionally shaking the vessel; filter, and then add to the filtered liquor, Liquor Ammoniæ Puræ, ℥iv. vel. q. s. Wash upon a filter with distilled water, and dry.

When giving my Pulvis Antimonialis with calomel, every six hours, as an alterative, I have been occasionally obliged to reduce the dose to one grain of the compound, as mentioned before; for such is the deoxygenating power of this protoxide, and such is its affinity for acids, that when made into a pill with calomel, it decomposes the calomel, turns it black by taking up the muriatic acid, and will occasionally excite vomiting and diarrhœa. To obviate this inconvenience, I am now in the habit of giving it in combination with the blue pill. But my blue pill is not the blue pill of the Pharmacopœia, which, under the best management, is a very uncertain preparation. I make pilula hydrargyri with the protoxide, and to complete the usefulness of this communication, I will give you a form for that also.

PILULA HYDRARGYRI PROTOXYDI.

R. Hydrargyri Protoxydi, ℥j.
Confectionis Rosæ Gallicæ, ℥iij.
Pulvis Florum Anthemidis, ℥ss.
M. s. a. et fiat Massa.

Here we have a preparation with only half the quantity of mercury, far superior to and of the same colour as the blue pill; always the same in effect, and always certain, and made in a few minutes. I have been obliged to leave out half the quantity of mercury, in order to approximate it to the strength of the blue pill of the Pharmacopœia, finding that the whole quantity was too active. I use the powdered chamomile, instead of the liquorice powder, as it keeps better, and sits more pleasantly upon the stomach: four grains and a half contain one of protoxide.

But the great secret that remains, is to procure the slate-coloured protoxide:—aqua calcis will not do, as it produces an ash colour, from a mixture of muriate of lime:—liquor potassæ alone will not do, nor will liquor ammoniæ.

PROTOXYDUM HYDRARGYRI.

R. Calomelanos, ℥iv.
Liquoris Potassæ Puræ, ℥iv. vel q. s. tere simul, et adde
Liquoris Ammoniæ Puræ, ℥ss.
Aquæ Distillatæ, q. s.

Wash well upon a filter; dry with a gentle heat, and use immediately.

The liquor potassæ produces a brownish-black powder, but there still remains a portion of submuriate of mercury undecomposed, which no addition of liq. potassæ will act upon, but by the addition of a small quantity of liq. ammoniæ, the slate-coloured protoxide is immediately produced and the calomel completely decomposed.

HYDRARGYRUS CUM CRETA.

R. Hydrargyri Protoxydi, p. j.
Cretæ P. p. ij. M.

Always the same, and always certain, a form which can never be produced by trituration.

UNGUENTUM HYDRARGYRI.

R. Hydrargyri Protoxydi, ℥ij.
Adipis Suillæ, lbj. M. s. a.

Equivalent for most purposes to the ung. hydr. fort. and a great saving of mercury. But, N.B., for this purpose, the protoxide should be obtained from the hydrargyrus muriatus mitis of the old Pharmacopœia, washing the precipitated submuriate while in a state of hydrate, as above. The colour completely resembles mercury, but for internal use, I prefer the decomposition from calomel.

Equal parts of protoxide of mercury and sulphur unite and form a fine black powder, similar to Æthiops mineral for which I originally intended it; but finding it too active for internal use, I now employ it as one of the best applications to chancre. It is as sulphuretted protoxide.

The above forms of Pulvis Antimonialis and of Pilula Hydrargyri Protoxydi, I have now used upwards of twenty years; and such is my estimation of their value in the cure of diseases, that if I wished to leave a legacy to my country, I think I could not bequeath to her a greater boon. I have long found it unnecessary to use either James's Powder or the Pulv. Antim. of the Pharmacopœia; and I am quite sure that when the above preparation is universally known, not one single grain of that uncertain, expensive, and empirical medicine, James's Powder, will ever again be sold. My great wish is to see the above formulæ introduced into the London Pharmacopœia.—*Phar. Transactions.*

ON UTERINE HÆMORRHAGE SUBSEQUENT TO THE SIXTH MONTH OF UTERO-GESTATION.

By T. W. B. KIRKBY, M.R.C.S.L.

UTERINE hæmorrhage is at all times, and under its mildest forms, a matter of anxiety to the patient, and in severe cases calls for the most judicious, prompt, and decisive measures on the part of the medical attendant. Indeed, in no circumstances is the cool skill and ready judgment of the scientific medical man more conspicuously displayed, and contrasted with the fear and indicision that never fail to mark the ignorant pretender, than in these cases.

Professor Burns, in his Principles of Midwifery, has these remarks:—"There is no disease to which the practitioner can be called, in which he has greater responsibility than in uterine hæmorrhage. The most prompt and decided means must be used; the most patient attention must be bestowed; and whenever he undertakes the management of a case of this kind, whatever be the situation of the patient, he must watch her with constancy, and forget all considerations of gain and trouble. His own reputation, his peace of mind, the life of his patient, and that of her child, are all at stake. I am doing the student the most essential service when I earnestly press upon his attention these considerations. And when I entreat, implore him, to weigh well the proper practice to be pursued, the necessary care to be bestowed, I am pleading for the existence of his patient, and for his own honour and happiness. Procrastination, irresolution, or timidity have hurried innumerable victims to the grave; whilst the rash precipitation of unfeeling men has only been less fatal, because negligence is more common than activity."

Uterine hæmorrhage may occur either before, during, or subsequent to the birth of the child, and authors in treating of hæmorrhage, have very properly considered its symptoms, causes, and treatment according to the period at which it takes place. Up to the sixth month of utero-gestation, hæmorrhage is generally of a less formidable character, and most frequently a symptom of abortion; after this period, however, from the wonderful and extraordinary changes that the womb undergoes, the immense increase in the size of the blood-vessels, and the greatly extended surface of the organ itself, hæmorrhage may be so profuse as to quickly destroy the patient.

In general hæmorrhage from the uterus is both arterial and venous, and how rapidly fatal it may be, is shown from the fact, that at the end of gestation, the capacity of the arteries of the uterus is so great as to admit the barrel of a goose-quill, and the sinuses are dilated to a still greater extent.

As it would occupy too much time in one paper to treat of each variety of uterine hæmorrhage, I shall in this instance confine myself to the consideration of its occurrence from the sixth month of utero-gestation to the completion of the full period of pregnancy; I shall thus rapidly review the causes, symptoms, and treatment of these important cases.

The cause is the detachment of the vessels of the placenta from their connection with the uterine surface, and hence the escape of blood from their open, patulous, and largely-dilated mouths. The situation of the placenta may vary, and this is a matter of the utmost importance, the placenta being either placed in apposition with some part of the fundus or body, or directly implanted over the mouth of the uterus. This difference in the situation of the placenta has led to a practical division, viz., into *unavoidable* and *accidental uterine hæmorrhage.*

UNAVOIDABLE HÆMORRHAGE is when the placenta is either wholly or partially situated over the os uteri, so that dilatation cannot take place without *necessarily* separating the placenta more or less from its uterine attachment.

By accidental hæmorrhage, we mean where the placenta is not placed over the os uteri, but is found in its more normal situation, and attached to either the body or fundus, and where hæmorrhage does not *necessarily* follow dilatation of the os uteri.

And first, as to placental presentation.

Before the fifth month of utero-gestation, the changes in size that take place in the uterine tumour are principally dependent on the enlargement of the body and fundus of that organ. The cervix uteri from the fifth month begins gradually to shorten and expand, so that at the eighth month it disappears. "As the growth of the placenta does not keep pace with the progressive unfolding of the cervix uteri, hæmorrhage will necessarily result at any period after the fifth month is completed, up to the accession of labour, arising earlier or later according to the precise situation of the mass."*

Hæmorrhage from this presentation may appear suddenly and in gushes, without any apparent cause, and in the absence of pain. The patient herself will be surprised at its appearance, and be led to imagine her labour is about to take place. A longer or shorter interval will elapse when the flooding will again be repeated, and will thus continue to return either continuously or with more or less frequency up to the full period of her pregnancy.

The above symptoms, in the three latter months of utero-gestation, ought to excite suspicion in the mind of the practitioner, and demand increased vigilance and watchfulness on his part towards his patient. If labour has already commenced, the hæmorrhage accompanies each successive pain, and diminishes in their absence. It ought never to be forgotten that the hæmorrhage may continue under very deceptive circumstances. Dr. Ingleby mentions a case where the practitioner had been in attendance the whole of the night, was aware of progressive exhaustion, but unconscious of the cause. He says, "when I saw the patient about nine o'clock in the morning, I was told there had been no hæmorrhage, but on moving her from the spot on which she lay, the bedding was found absolutely saturated with blood. This patient expired soon after delivery."

In all cases of hæmorrhage we must be guided by the state of the patient, and not by the quantity of blood discharged, as this is extremely deceptive. The loss of a pint of blood in some constitutions has been known to cause death. When the above-mentioned symptoms occur early in labour, we must always make an examination, per vaginam, as we thereby gain most important information, and so ascertain if the placenta be only partially or completely presenting, and thus be directed in our treatment accordingly.

(To be continued.)

* Ingleby's Treatise on Uterine Hæmorrhage.

ROYAL COLLEGE OF PHYSICIANS.

LECTURES ON MATERIA MEDICA.—NO. II.

By DR. ROUPELL.

The subject of roots, the learned lecturer stated, would be continued this evening, according to the arrangements of the syllabus of Dr. Burgess, but before doing so he would recapitulate some of the particulars of his last lecture. He then spoke of the various passages of Theophrastus that were often quoted, especially on the subject of poisons, showing that these sentences were not given as the opinion of Theophrastus himself, but as the opinions which he had heard expressedly of others. Nor could we, it was urged, expect great accuracy from a man who lived at so unenlightened a period, although he were a disciple of Plato and Aristotle. This would especially refer to the aconite, the consideration of which we were engaged in at the conclusion of the last lecture. Gesner had spoken of it as being eatable—magnâ cum voluptate, &c. In uttering this opinion he must have mistaken the plant.

Potentilla contained active, but very generally diffused principles, tannin and Gallic acid, on account of which very many plants had been introduced into the list of Materia Medica, but had been expunged lately. This was retained because it contained these principles in a great degree.

Apium Graveolens was a herb that had been raised to celebrity by Captain Cooke, who discovered its peculiar efficacy in preventing scurvy, and to whom the honor of laying down for commanders in the navy those rules at present adopted with so much benefit was due. It was a circumstance worthy of remark, that during a voyage of 20,000 leagues, of the 100 men that went out with him, he only lost one by disease, and in him it appeared the seeds of disease were springing up before he left his own shores.

The Arum was a plant well known from its peculiar appearance. Its root was acrid. It was singular that there were many plants like the tribe to which the arum belonged highly poisonous, that readily allowed their noxious principle to be removed by particular processes. In the root of the arum there was a very large quantity of nutritive material—starch, which freed from the noxious principle which abounds in these roots is sold in the form of Portland Sago, and used as food.

Aristolochia.—Two or three varieties of this were to be found in the Prussian Pharmacopœia, and the Arislolochia Serpentaria was retained in our own. It was stimulant, acrid, increasing the pulse and heat of skin, and according to Cullen was very useful in some cases of difficult menstruation, a fact easily accounted for by its general stimulating properties.

It was considered a specific in snake-bites; hence its name, and at present it had considerable reputation in America for that purpose, from which country we obtained it. It was an ingredient in Tr. Cinch. Co., and was also exhibited as the infusion, and the tincture of serpentaria. Sydenham used it in typhoid fevers, and ascribed to it great efficacy; but other stimulants of more decided character were now used.

Asarum Europœum was the only substance which was introduced into the Pharmacopœia as an errhine, though there are many others and better taken into the stomach; it acted as an emetic or cathartic.

Asparagus was a plant formerly recommended in dropsy. It belongs to that uncertain class of substances considered as diuretics, and least to be relied on. An extract of the tops had been prepared, and a beautiful specimen of crystallized asparagine was on the table.

The Asphodel was a substance not possessing any very particular properties; was said to be nutritive. It was laid by the tombs of the dead, with the idea that they might require it in ancient days.

The Arctium was retained in the Prussian Pharmacopœia, and so named from the burrs sticking to bears that were supposed to pass between the plants. The centaury was tonic, and used in Sicily.

The Beta.—Common beet-root was too well known to require description, and had lately become more frequently used. It was introduced by Dr. Lettsom, who took great pains to make it popular. Every one must admire the conduct of our spirited neighbours, the French, in making use of this plant to supply the absence of sugar, to them a most important part of food. A manufacture of the same nature was established in this country, and was succeeding to the utmost, but as it interfered, or threatened to interfere, with the colonial interests, the legislature were obliged to suppress it. It was cultivated in this country for the feeding of cattle, &c.

Chicory or Wild Endive contained a bitter principle; the root dried and ground had been used to adulterate coffee. It was known to Diocorides, Pliny, and Theophrastus, and possibly might account for the stains resembling those of coffee on the marble tables in the refreshment rooms of Pompeii. Horace mentions it as a luxury in his ode, commencing

> *Quid dedicatum poscit Apollonem*
> *Vates?*

in which he subsequently says,

> Me pascunt olivæ,
> Me cichorea, levesque malvæ.
>
> While lenient mallous nurture me,
> With olives and wild succory.

Colchicum Autumnale has always been looked upon as a plant endued with much activity of action; still great doubt has been entertained with reference to the identical one employed. Theophrastus, in his description, speaks of this plant, and what he says is correct of the colchicum at present in use, as far as its effects and use. Allowing some latitude in description, Bullein described two plants under the name of Hermodactyl. Some of these roots are edible, from the quantity of starch contained in them, the existence of which is best determined by the blue colour produced by the addition of tincture of iodine. Two active principles are said to exist in colchicum—colchicia and veratria; some consider that the former only is present. The two may be distinguished thus:—Colchicia is soluble in water, and is crystallizable without difficulty, while veratria is insoluble, and very difficult to obtain in a crystalline state. This plant was introduced by Stork, of Vienna.

In this plant, as in many others, the period of gathering should be attended to, since a great difference in its efficacy depends upon this circumstance; the roots should be taken up at the end of the summer, *before* the autumn. The seeds have been also used, and remain on the list of Materia Medica. It has been recommended as a local application in gout and rheumatism to the painful joints; but Sydenham, who was a martyr to the former disease, declares that he found no relief from its use. It is now believed, however, to have the effect of abbreviating the duration of the fits of pain.

THE MEDICAL PROFESSION.—The Governors of the Carlisle Dispensary met last week. The Mayor, who was in the chair, read a memorial from the "acting honorary medical officers," bearing the signatures of Dr. James and Mr. Hodgson, and stating that the institution, under its present system, was very far from producing those advantages which would certainly accrue under better regulations. As a remedy, the memorial recommended the removal of every barrier that interposed to prevent the free offer of gratuitous medical services. "Duties of this nature," they conceived, "ought to be looked upon as contributions to the charity—not as compensation for the supposed honour of an appointment." Nine gentlemen, it was stated, were willing to act under such a system. The Governors negatived the proposition. "It seems to me," said Dr. James, "that the only question upon which we differ, and upon which you have decided, is, whether the medical gentlemen are to be allowed to come forward and volunteer their services as professional men, or they are to come and solicit you individually for your votes, as if asking a personal favour. Who, let me ask, are the greatest contributors to this charity? Why, beyond all doubt the medical men. I say that the services of a medical man for one week are equal in value to the subscription of any one present." Dr. James and Mr. Hodgson withdrew from the institution, but intimated their readiness to continue their services until a new medical staff had been organized.—*Gateshead Observer.*

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members, on Friday, March 11th, 1842:—

James Tiptaft Keal; Parkinson Oales; Edward Jones; Richard Slaughter Carter; John Hardie Gray; Thomas Ager; Frederick Albert Tipple; Cavendish Wall; Daniel Stone; Nicholas John Watson; John Thomas Jackson.

TO CORRESPONDENTS.

Books Received—

On the Cure of Stone by Mechanical Means. By —— Willis, M.D. Baillière.

The Madhouse System. By Richard Paternoster. Paternoster.

A Treatise on Rheumatism. By J. G. Norton. Isaac, Liverpool.

What to Teach, and How to Teach. Part I. (Second time.)

The Microscopic Journal. March.

Medical and Physiological Problems. By W. Griffin, M.D., and by D. Griffin, M.D. Part I., containing Six Problems. Maxwell & Co., Southampton Street.

Tenth Volume of the Transactions of the Provincial Medical and Surgical Association. Churchill.

In answer to a host of Correspondents, we beg a second time to announce, that our April list of Unqualified Practitioners is not intended to include either Apothecaries, Surgeons, or Physicians belonging to any of the existing examining or licensing bodies. Of course we do not think of catalogueing military or naval surgeons.

Mr. Childs.—*We must decline entering into a controversy on the subject.*

Thistle *will oblige us by sending the paper. If we think the party worth notice, we shall blazon forth his deserts. As a general rule, we avoid everything personal; but there are occasions when the individual must be touched for the good of the community.*

Mr. J. B. H., Investigator, Medicus, Dr. P., A Surgeon, A Medical Reformer, *are thanked. We may yet make use of their contributions.*

Dr. B., junior, *and* Q in the Corner, *declined.*

If Mr. T. H. P. *be a disappointed man, and there be many like him, as he says, the more necessity, we say, for vigorous exertion. We fear indifference is but a poor remedy.*

J. R.—*Yes; the Secretary should be subpœnaed.*

NOTICE.

Influenced by the very remarkable support which has been showered upon us from all quarters, with a constantly increasing flood, we have come to the resolution, that with the first number in April, commencing our sixth volume, the Medical Times shall be permanently enlarged. Increasing the paper one-third, we shall have the gratification of making our readers more acquainted with the wonderful minds who are elucidating and enlarging the sphere of medical science in Germany. America will receive more of that notice which she so pre-eminently deserves; while the results of the quick perception and lively ratiocination of our light Gallic neighbours will have fuller justice done to them. In short, the change will enable us to make our Journal a complete Medical Repertory, the exponent of sound scientific progress and improvement in every quarter of the globe.

A number of attractive additions will be added concurrently with the enlargement, not the least important of which, it is presumed, will be a series of classical sketches of the more distinguished members of the profession. The price will be 4d. for plain copies, 5d. with a stamp.

If our readers would estimate the advantage we are thus offering the public, they have only to recollect that we are of the same size as the Medical Record, and give considerably more matter than either the Lancet or Gazette, *at precisely one-half the price.* While thus cheaper, and more copious, it will be our earnest study to be also better digested.

THE MEDICAL TIMES.

Saturday, March 19, 1842.

Decipimur specie recti; ————
———— sectantem lenia, nervi
Deficiunt animique: ————
Serpit humi tutus nimium timidusque procellæ.

There is *now* no professional man to whom medical reform is not a *something.* There have been times when it caused more paper-staining and declamation—none in which it secured for itself so sincere and lively an attention. Our ill-directed, and, to own truth, ill-supported agitation, was, year after year, so *noisily* barren of results, that numbers amongst us were misled into the notion that it was but a mere "hobby-horse-ical" logomachy. The subject in question was confounded by the less observant and indifferent with the manner in which it was put forward, and the airy emptiness of the one was, by not a few, unceremoniously transferred to the account of the other. But the shadowy and the vague has of late assumed palpable and definite proportions. A government with the greatest parliamentary strength of any since the time of Pitt, has made the question its own. Compromised every way to settle it, we have medical change all at once practically forced home to the doors as well of the most indifferent of its former scoffers, as the most zealous of its former supporters.

In proceeding to gratify the curiosity of the public, by giving them what they may rely on as an authentic statement of the main principles on which is based Sir James Graham's Bill, it is right that we should premise to our readers, that the complex legal abstract from which we give our outline, never passed more than its first reading with us; and that as the document has been submitted to the opinion of *some* of the heads of the profession in the three kingdoms, representations have reached the Home Secretary which are leading to changes in some cases, and improvements in others, which will vary many of the features of the measure.

The establishment of a Central Board of Control is the most novel, certainly the most *important* provision of the new bill. It will be composed of the higher members of the London Medical Corporations, who will belong to it ex-officio, and a certain number of gentlemen, members of the government, or appointed by it. This body will have the superintendence of all medical institutions, and will exercise a direct control over all regulations which concern the educating or licensing of practitioners. Reports of the receipts and expenditure arising from the admission of medical candidates, with the number of the latter, must be regularly forwarded to this board. It will form the referee to which the profession, the government, and the public will submit all medical matters for arbitration. It will be the great governing head of the medical body. This feature in the new bill may be described as its only creative part. Sir James Graham looks to it to supply many of the known deficiencies in his bill; the board will be to it, he imagines, as the Commissioners to the Poor-Law Amendment Act.

The Assessors to the Court of Examiners at the Apothecaries' Society will no longer be limited to the *members.* While the Licentiates themselves will be made eligible, a certain number of lecturers at the schools will be included, to complete the board. The Society will still, however—notwithstanding the contrary assertion of a contemporary—retain the general right of examining and licensing apothecaries.

The only changes unconnected with the Board of Visitors, which we noticed as threatened against the College of Surgeons, refer to the formation of a kind of constituent assembly elected by the present Council, and electing in turn the higher functionaries of the college. By a strange hallucination, it appears (unless a change be subsequently made, which, we believe, is far from improbable,) that the General Practitioner will be excluded from this semi-governing body. Excluding themselves from the Apothecaries' Society as below them, and excluded by others from the College of Surgeons as above them, theirs is certainly a hard fate. It is the breech between the two stools. The choice of examiners, the nature of qualification, the amount of fees, will undergo a change; the Central Board will share the Council's hitherto absolute power on these matters.

Some time since, we remarked that the hands of the College of Physicians were so tied by the present charter, that they were unable, with it unchanged, to carry out even the improvements which had been decided on by the majority of the Fellows. This charter will be repealed, and another much more liberal in its character granted. One improvement will be, that all physicians of a certain standing—with General Practitioners in some peculiar circumstances, will be admitted members on the payment of a moderate fee *without* examination. An exception is however made to the holders of foreign diplomas. It is understood that the College's present neglected power of instituting prosecutions will not be renewed. Sir James, with all those whom he more confidentially advised with, think it their wisest plan to make the punishment of unqualified men dependant on such proofs

of *mala praxis* as will bring the case before a coroner's jury. To most men, the enunciation of such a proposition will sound like that of a palpable absurdity. The immediate inclusion of a large body of Licentiates as Fellows, and the choice of collegiate dignitaries by the elective body so constituted, form with the above the main changes contemplated in the structure and government of the College of Physicians. A contemporary, speaking of these alterations, says, "It will be *as necessary* for a provincial physician to have his license from the College, as for a London or provincial surgeon to have the diploma of the College of Surgeons." This unfortunately is but a fiction, and rather clumsily stated. It is not necessary now to have the diploma of the College of Surgeons to practise as a surgeon, nor unless a change be made will it be necessary to have the diploma of the College of Physicians to practise as a physician. The only inducement, besides the force of public opinion, will be the English hospital appointments, which will be confined by the present bill to London physicians.

Such is the short summary of the main features of Sir James Graham's bill. We confess we like it not. There is nothing hearty—nothing *thorough* in it. We have at once in it the drudgery of the Legislative, with the inanity of the *Laissez faire* system. There is change without alteration, movement without progress. As regards the financial government of the profession, it offers a *possibility* of an abstractly better state of things. The corporations *may* be kept in order by the central board, but who will keep the central board in order? Custodes quis custodiet? The board, it is thought, linking the three corporations together, will strengthen and harmonize them. Is it forgotten that uncongenial animals are most peaceable separate? With a distant and independent range of action, collision is impossible. Leashed together with opposite matures and conflicting interests, a cause of quarrel among themselves, or with their keeper, cannot be long absent. But the great fault of the Bill is not its active qualities, but its vices of omission. With a corporate government the mere product of historical hazards and individual passions, presenting a social chaos in which all the atoms are disjointed, and incapable without an active designing hand of any but the most anomalous amalgamation; with this state of things, we have this lightless—lifeless—harmless—do-nothing movement of Sir James Graham. With a medical polity, which in its social deformities and calamitous consequences is frightful to contemplate, we have a reforming Bill which leaves the evil untouched—or but touches it to give it the stamp of legality. Prone as the profession is thought to be to change, we doubt that will approve such changes as these. If we understand medical men, what they want is wise management for their own body, and just and protective management from the government of the country; and if we understand the medical bill before us, what it secures them is neither good, corporate, nor just national government. We do not blame Sir James Graham for preserving our three old cumbrous, irregular, and antequated buildings, we can conceive a good, though not the best administration compatibly with their preservation, but we do blame him that while removing a few weeds that too obviously deformed the walls, he took no care to protect the inmates from the rain of Empiricism which deluged them through the shattered roof, and we do blame him that when joining together the three edifices by his heterogeneous and centralizing piece of masonry, he did not provide against the danger of a too heavy superincumbent pressure by sinking their foundations more deeply in professional affection, and extending their bases more broadly in general esteem.

NAVY SURGEONS.

To the Editor of the 'Medical Times.'

Sir,—You would much oblige an early subscriber by informing him, whether Sir W. Burnett has ever called on Sir James Clarke to resign his half-pay as a Naval Surgeon on service, as I see his name still on the list of half-pay naval surgeons. I need not inform you that Sir W. Burnett has insisted upon a number of half-pay surgeons with large families, and who had got settled in a little practice in different country towns, either to resign their small pittance of half-pay, or serve.—I remain, yours,

Justitia.

March 14, 1842.

[As Sir William plainly cannot have so called on Sir James Clarke, perhaps a more pertinent question is *why* he has not? The question may and probably does admit of a satisfactory answer, in which case we shall feel obliged if some correspondent well furnish us with it, and enable us to relieve from suspicious imputation a very generally respected public servant.—Ed.]

USE OF THE BANDAGE DURING PARTURITION.

To the Editor of the 'Medical Times.'

Sir,—Having lately read some remarks in your valuable periodical, advocating the use of the bandage during labour, permit me through the same medium to express my unqualified approval of its adoption; a conclusion to which I am led as the result of my experience on the subject from a practice of some twenty years duration in a public neighbourhood; I am induced to do so, for two especial reasons, viz.—

1st. Because my opportunities of witnessing its good effects have been exceedingly numerous, &c.

2ndly. From the fact, that as the universe, immense as is its magnitude, is composed of mere atoms, insignificant in the abstract, but magnificent in the aggregate; so my experience, taken solitary may have but little weight, yet when added to that of others will tend to make up a whole on which principles may be established, and a superstructure erected, "perfect in its parts, and honourable to the builder."

I was originally taught by my esteemed preceptor, a man of sterling abilities, now no more—peace be to his manes!—to apply pressure over the abdomen immediately time would permit after dividing the cord. This plan I found advocated by the different midwifery lectures I afterwards attended in London, and I have ever since continued it with the most favourable results. A cotton shawl is the article I generally use, which is as constantly provided for, and handed to me, as the scissors and threads. I fold it corner ways, place it round the waist, and spreading it widely over the abdomen, tie it as tightly as the patient can bear. To those who have never tried it I would at once recommend its use, and to such as have I know I need not advise its continuance. Hoping from these imperfect limits, the junior branches of the profession may be induced to try its efficacy, I am, Sir, yours obediently,

W. Thomas.

Pembroke Dock, March 9th, 1842.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

March 8, 1842.

The President, Dr. Williams, in the chair. A paper was read 'On a variety of false Aneurism,' by R. Liston, Esq., F.R.S., Surgeon to University College Hospital.

The author's attention has lately been particularly directed to the subject of the communication between large blood-vessels and the cysts of abscesses, in consequence of having lately met with a remarkable case in which the carotid artery opened into a large abscess in the neck.

G. A., æt. 9, suffered from severe illness about six years ago, by which he was left in a very reduced state. Two months back he had a violent cough, accompanied by fever, and at this time a *small swelling* was first observed in the neck, immediately below the right ear. This swelling increased slowly, within three or four days of his reception at the North London Hospital, on the 20th October, when its progress had become more rapid and irregular. At the date mentioned, there was observed a tumour extending from the angle of the jaw, on the right side downwards, to within an inch of the clavicle, backwards to the edge of the sterno-mastoid muscle, which it raised, and forwards to about midway between the angle of the jaw and the chin; the tumour, further, projected inwards into the mouth, between the arches of the palate, and materially impeded both deglutition and respiration. Indistinct fluctuation could be felt in the tumour, and there was slight pulsation in it immediately over the carotid artery; but on grasping the sides of the tumour, and examining it from the mouth, no pulsation could be felt. A small puncture was made into the tumour, under the impression that it contained matter, but a gush of arterial blood followed the bistoury, and about ℥iv. were lost in a few seconds; the puncture was readily closed by harelip pins and twisted suture, and the bleeding checked. Mr. L. resolved on tying the carotid artery next day. No hæmorrhage occurred in the course of the ensuing night, but the tumour was tense, and had been kept covered with a cold lotion. On proceeding to the operation, an incision about an inch and a half in length was made transversely over the sternal end of the clavicle, and another upwards and at right angles to the first, over and in the line of the trachea, by which an angular flap was formed, and turned upwards and outwards. The sternal attachment of the sterno-cleido mastoid being exposed, was cut through; the sterno-hyoideus and sterno-thyroideus were exposed, after some dissection, and divided; at length the carotid was exposed a little above its origin from the innominata, and tied. The whole difficulty of the operation arose from the necessary smallness of the external incision; the tumour projected down so low into the neck, that it was impossible to procure space by extending the incision upwards, and the artery which lay at a great depth from the surface, had to be sought for at the bottom of a small hole. The flap was laid down, and retained by some isinglass plaster. The boy complained very little after the operation; the swelling be-

came smaller and firmer, and the movements of the jaw, which before were much restricted, were now more free and less painful. The pupil of the right eye, too, which had been contracted, and only partially sensible to light, was now restored to its proper functions. The patient slept soundly through the night following the operation.

The pins and twisted sutures were removed on the 25th, and strips of isinglass plaster applied instead. On the 28th, some grumous blood escaped from the opening in the tumour. The patient was cheerful and happy. Things went on prosperously, the tumour shrinking in size, till the afternoon of the 3rd of November, when a sudden gush of arterial blood took place from the wound in the fore-part of the neck, the ligature being still firm. The hæmorrhage was arrested for the moment by plugging the wound with lint, but a considerable quantity of blood was lost. Hæmorrhage returned six times after this, and the patient finally sank in a state of collapse 48 hours after the first occurrence of the bleeding.

On examination, the ligature was found to have been placed close to the origin of the carotid from the innominata. It was not completely separated; a small portion of the external side of the artery still remaining entire. There had been no attempt at the formation of a clot, or if any had formed, it must have been expelled with the blood.

The appearances of the tumour, both externally and internally, are most minutely described by the author, as are also the relation of the vessels to the cysts, and the condition of the opening of communication between the carotid artery and the latter. It would be impossible to do justice to these details in the space of a short abstract—suffice it to say, that the author feels himself warranted in deducing from the examination of the parts, the conclusion that the disease was originally a chronic abscess of a scrofulous character, and that the opening into the artery was consequent upon ulceration from without.

The preparation of the parts, together with two drawings made from them in a recent state, was exhibited to the meeting.

The author relates, in confirmation of his view, the details of three other cases derived from the practice of himself and others, in which large arteries in the neighbourhood of abscesses were opened by ulceration. Our space will not allow us to refer to these in detail.

The President, after a long silence, rose to direct the attention of the members to a point connected with the history of false aneurism. In many cases a large quantity of blood was effused into the cavity of the sac, and consequently removed from the current of the circulation, yet the blood would remain for an almost indefinite length of time, without undergoing any change approaching to putridity. He remembered a case under his care, several years ago, in St. Thomas's Hospital; at least four pounds of blood were contained in the cyst, yet a sufficient portion of vitality remained to preserve it from putrefaction.—Dr. James Johnson thought the society indebted to Mr. Liston for bringing this case before them. The paper they had heard would have the effect of dissipating foul rumours which prevailed, concerning Mr. Liston's operation. *For example, it had been affirmed that the bruit de souffle detected in the tumour, was communicated to Mr. Liston before the operation;* whereas Mr. Liston was not acquainted with this fact until after he had opened the tumour. He did not wish to throw any doubt on the nature of the tumour, but he was desirous of asking how the absence of pus could be accounted for on the opening the tumour, supposing the latter to have been an abscess?—Mr. Liston said that it was a mere *apparent* absence of pus, and was easily accounted for. The matter contained in the sac was, probably, carried away with the blood, which gushed forth as soon as the tumour had been punctured. The fluid discharged had not been examined under the microscope; if this had been done, he was sure that pus globules would have been detected.—Mr. Dalrymple contended that the existence of the bruit de souffle was not sufficient to prove the presence of an aneurismal tumour; any pressure upon a large artery would give rise to the bruit de souffle. The age of the patient, the appearance of the tumour, and the whole history of the case, would have led any surgeon to conclude that it was ordinary abscess, and no blame could attach to Mr. Liston.—Dr. James Johnson observed that, whatever the bruit which might have been heard over the artery, there had been a *bruit de diable* all over the town about it.—Mr. Partridge did not coincide with Mr. Liston that aneurism was so rare a disease in children. He had a distinct recollection of three cases of this affection. One in the practice of Mr. Hodgson, of Birmingham, where the subject was nine years of age. The other occurred in a child between seven and eight years of age. The third was a case of aneurism of the common carotid artery, and occurred in a child about nine years of age.—Mr. Adams thought that the unfortunate effects might have been prevented, had Mr. Liston employed the precautionary measure of exploring the tumour with a needle. His object, however, in rising, was to direct their attention to a curious physiological fact mentioned in the report of the case. It was stated that the pupil of the right eye (on the same side as the tumour) was in a dilated state, while the other pupil did not exhibit any change. He could only account for this phenomenon on the supposition that the tumour or abscess, by its pressure on the superior cervical ganglion, had affected the ciliary nerves, and through them, the iris.—Mr. Bransby Cooper could not understand how any affection of the nerves could influence either the motions or the sensibility of the iris.—Mr. Adams referred to the experiments of M. Brachet.—Dr. Truman wished to ask how long it might be supposed that the artery communicated with the abscess, in Mr. Liston's case? Had the time been considerable, a greater or less quantity of pus must have found its way into the current of the circulation; and all knew the dangerous effects produced by any accident of this kind. It seemed to him that the artery must have given way shortly before the operation; perhaps through the struggles of the child.—Mr. Dalrymple observed, that surgeons were aware that an artery might communicate for weeks and weeks with the cavity of an abscess, and no serious consequences result; the danger alluded to by the last speaker was altogether absurd. With reference to the employing the grooved needle, he did not see what difference it made whether the tumour was opened by an exploring needle or by a small knife; the effects would be the same. He thought no blame could be attached to the manner of opening the tumour.—Dr. James Johnson coincided with Mr. Dalrymple in his remarks on one point. He (Dr. J.) did not see how matter could find its way from the abscess into the artery, and it was not so dangerous as Dr. Truman seemed to think if it even did. Every day furnished examples of cases in which absorption of matter from abscesses took place without producing any alarming effects.—Dr. Williams *would not give an opinion on the surgical merits of the operation which had formed the subject of the present debate;* he would only observe, that the existence of a bruit de souffle alone was no proof of the presence of aneurism. He remembered a case in which this bruit existed so loud as almost to resemble the sound of a hautboy, when after death nothing was found except contraction of the innominata, near its origin from the heart. Pulsation, also, was not a sign to be depended on, when it existed alone; and this remark applied particularly to children, in whom the circulation was apt to be excited by such a variety of causes.

EXTRACTS FROM FOREIGN JOURNALS.

ACADEMY OF MEDICINE.

Hæmorrhage after Lithotomy.—M. Bégin says, that an idea can scarcely be formed of the causes and frequency of this accident, from a simple consideration of the normal structure of the divided parts. In fact, besides anomalies in the direction and calibre of the arteries, besides enlargement of the vessels from the progress of age and antecedent diseases, we have also hæmorrhage from exhalation, a vital hæmorrhage arising without the division of any large branch.

From the most exact statistics, the number of deaths from the operation of lithotomy is in comparison to the cures as 1 to 5 or 6. It would be interesting to determine the proportion which each unfortunate result, as urinous infiltration, peritonitis, &c., bears in the number of deaths; but an analysis of this kind would be exceedingly difficult and uncertain. All we can advance, in a general manner, in respect to hæmorrhage, is, that either by its immediate effects, or by the consequences which it induces, it is the cause of about a fourth of the deaths resulting from this operation. Authors have attached much importance to distinguishing the precise seat of the bleeding vessel, and have pointed out various means for arriving at a certainty on this point; M. Bégin remarks that by reason of the depth of the divided vessels, the narrowness of the region to be explored, the sometimes very alarming state of the patient, and the swelling of the parts, this knowledge will be always exceedingly difficult to acquire.

He then passes to the consideration of the various methods for restraining hæmorrhage, and examines in their turn compression, both direct and indirect, ligature, cauterization, the plug, mechanical means, cold injections, &c., and he affirms that none of these means form a sure and efficient safeguard in all cases. M. Bégin then proceeds to the process which he has employed with success in three of his patients who were attacked with obstinate hæmorrhage. In the first case the patient was placed on his side, on the edge of the bed, his thighs being flexed, with the sacral region projecting, and injections of cold water were practised with syringes on the *perineum* by several pupils, alternately, so as to keep up a continuous current. After an hour all danger had disappeared, and the hæmorrhage did not return. In a second case, M. Bégin improved this embarrassing and in some cases inapplicable practice, by forming a current of liquid by means of a tube placed in a pail filled with cold water.

After the foregoing reflexions, M. Bégin lays down this precept: the surgeon should never suffer the wound produced by this operation to close, without several times exploring the interior of the bladder with the finger, so as to ascertain whether some calculi might not have been left within it at the moment of the operation.

Spontaneous gangrene of the neck of the uterus and of part of the vagina.—A woman entered the Hospital of *La Charité* under M.

Fouquier, with symptoms of *endo-carditis*. She had had, for about fifteen days, an abundant white discharge from the genitals, without any other symptom, when the house-surgeon was one day called to her on account of hæmorrhage from the vagina, which took place suddenly, and without any known cause. On proceeding to examine the *uterus*, the first thing encountered at the entrance of the *vagina* was a perfectly isolated body, which was easily extracted. This body was constituted by the neck of the *uterus* and the upper part of the *vagina*. The tissues appeared sound in their structure, merely exhibiting at their circumference a black line, the index of the gangrenous process which had produced their separation. The hæmorrhage soon ceased, and the patient left perfectly cured.

Acephalous Fœtus.—M. Caneaux exhibited a female fœtus of six months, which was perfectly *acephalous*. There was no trace of the head, neck, or upper extremities. At the upper part was a kind of *sub*-cutaneous osseous projection, which seemed to be the superior termination of the vertebral column. If one could judge by the point of insertion of the umbilical cord, the thoracic cavity could hardly be said to exist. The external parts of generation were well formed. The lower limbs, very œdematous, were of a natural length; the left was club-footed towards the inner side, and terminated in five toes, four of which were united together; the great toe alone was free. The right was regularly formed, but merely presented three toes, two of which were adherent; the great toe was free.

Sanguineous tumour developed beneath the ligament of the patella.—M. Denonvilliers presented a tumour which had been removed from a patient at the *Hotel-Dieu*. It was situated in the right knee, beneath the ligament of the *patellæ;* it consisted of a principal mass, composed of small agglomerated fibrous bodies, and of a cellular appendix, of a reddish tint, and saturated with a liquid of the same colour. This formation, which had existed nine years, appeared to M. Denonvilliers to be the result of an old effusion of blood, which had undergone a species of transformation. The principal tumour, which was conical and of the size of a pigeon's egg, projected on the outer side of the *ligamentum patellæ*, and its prolongation sunk beneath the ligament, and penetrated to a level with the inner edge of the *patella*, without communicating with the interior of the *femoro-tibial* articulation. Its situation having been perfectly ascertained, and the patient urgently desiring to be freed from a disease which at times caused him great pain, and also compelled him to give up his work, the following operation was adopted: a long incision laid bare the principal part of the tumour; it was then raised by means of a hook, and its pedicle carefully dissected out without injuring the *ligamentum patellæ*, or the synovial membrane of the joint; with a view of preventing the inflammatory reaction, which there was reason to apprehend after the operation, and the extension of which to the joint would have been a formidable accident, the knee was subjected to a continuous current of water at twenty degrees. At the time of the report, sixteen days after the operation, the patient was going on exceedingly well, and no inflammation had manifested itself, neither in the lips of the wound nor in the surrounding parts.

Transposition of the viscera.—M. Gery communicated to the Academy a case of transposition of all the organs, in a young man 25 years of age, who died of phthisis pulmonalis. Many facts of this kind have been made known, but an exceedingly uncommon peculiarity in this case was, that the cavities of the heart were themselves transposed.

REVIEW.

Medical and Physiological Problems: being chiefly Researches for the Correct Principles of Treatment in Disputed Points of Medical Practice. By W. Griffin, M.D., and by D. Griffin, M.D. Part I., containing Six Problems. Maxwell & Co., Southampton Street.

On glancing at the first page of the preface of this part, we were not a little gratified to find the authors state, that their principal object was to "collect cases with reference to all the most important of the disputed points in practice, and afterwards, as a sufficient degree of personal experience happened to be attained on any one of them, to review the opinions of all the best authors on the subject, and endeavour to solve that most difficult question—What is the correct principle of treatment?" The authors have made the selections with an excellent discrimination and fine taste; and we have no doubt the book will take a station in the first class of works in physiology. It is one of the best, if not the very best selection of its class that has fallen under our notice, and is a well-selected compilation of papers contributed by these two gentlemen from time to time in the medical periodicals. Our authors devote their first inquiry to the problem, "What principles should be kept in view in the treatment of enteritis?" and it appears to us they have most satisfactorily solved it.

General experience (say the authors) testifies that the strongest purgatives will not operate in the early stages of inflamed bowels, unless large depletion by the lancet has been premised; that is, unless the violence of the inflammation has been in some measure subdued; while, on the other hand, as soon as this had been accomplished, they commonly occur spontaneously, or with the assistance of the mildest purgatives.

Notwithstanding the free operation of purgatives at an early stage of enteritis, the inflammation may proceed to a fatal termination, unless arrested by other remedies.

The second problem is equally important; the question proposed is, "How are nervous affections distinguishable from inflammatory?"

Abercrombie states in his work, "that pain increased upon pressure, does not appear to be a certain mark of inflammation of the bowels, for it occurred in Case xxiv., (related by him,) in which there was no inflammation; and in several other cases it was met with probably before inflammation had commenced. From various observations he has made, he is satisfied that the intestine which has become rapidly distended is painful upon pressure; a kind of pain, however, which, *by attention, can generally* be distinguished from the acute tenderness of peritonitis." Dr. William Griffin thus solves the problem:—

In all acute inflammations of vital organs, I believe that no spinal tenderness will be found, except where it existed previous to the supervention of the attack, or where the spinal cord itself happens to be the seat of such inflammation. In all neuralgic affections, on the contrary, tenderness of some portion of the spinal column, *usually that corresponding to the affected organ*, may be detected, except in some rare cases, in which it seems probable the ganglionic nerves alone are concerned. As these cases must still present a difficulty in their diagnosis, we must rest contented with those general characteristics, which, however vague or liable to lead us into error, are all we have to guide us, and all we have hitherto had to determine our opinion in that large class of neuralgic affections, for the detection of which I have here been offering a new, and, I believe, less doubtful sign.

We have great pleasure in laying before our readers the foregoing clear and just remarks on the diagnosis between nervous and inflammatory affections, which, interesting in themselves, are peculiarly so as bearing on a question of such importance. The problem is too ill understood, and too little considered by the bulk of medical men, and is much obscured by hypothesis. If inexperienced readers acquire any useful information from this attempt at solution, and if experienced ones are led by it to reflect more on what they see, and to communicate what they learn, purposes of great utility will have been served. Let us now pass to the third problem, by Daniel Griffin, M.D.

"Under what circumstances, and to what extent, is bleeding proper in diseases of the brain?"

By far the greater number of our modern writers have in general terms strongly recommended this remedy. Among the most strenuous advocates of it may be mentioned, John Hunter, Cullen, Pitcairn, Cooke, and Abercrombie.

Dr. D. Griffin makes some lengthened observations on the cases in which bleeding is improper. His descriptions are accurate—his precepts judicious.

In giving (he says) the estimated amount of organic change as a guide in determining the degree to which bleeding is to be carried, I of course include all affections of brain dependent upon organic changes, whether apoplectic or not. It appears to me that all affections of the brain, or its membranes, attended with protracted suffering, are cases which bear bleeding badly. I believe every physician of any experience must have met with instances to convince him of the truth of this, and it is a result one would readily anticipate. Some physiologists assert that the vital functions are mainly dependent upon the sensorial for exercise. Whether this assertion be true or not, it is quite certain that a violent and sudden impression on the sensorium is capable of producing such a sinking of the vital powers, that in many instances the functions of life will cease at once. The story of the Grecian who expired suddenly on being told that his children had won at the Olympic games, is a case in point. I consider large bleedings improper, with the principles on which they are so:—

1. They are improper, because symptoms are no certain test of the amount of disease, and we may produce a degree of debility that cannot be contended with.

2. They are improper in all cases in which extensive disease of the brain is known, or suspected to exist; as in such cases, besides the immediate danger, they produce a degree of debility that would interfere with the process of reparation, so far as that is possible.

3. They are improper in all cases of disease of brain attended with severe and protracted pain, as such cases usually die, not from any mechanical effect of an existing inflammation, but from the exhaustion produced by the pain that accompanies it.

Dr. Griffin goes on to observe, that "as a general rule, he would, therefore, even in circumstances in which the loss of a large quantity of blood was supposed to be necessary, prefer taking it away in moderate quantities at certain intervals, watching the progress of the case, and being guided entirely by it."

Here we must stop. We think our readers will agree with us, that this work contains much useful information. We have left ourselves no space to speak of the remaining three problems. When we commenced the examination of the book, we did not think that it would have occupied us so long, or that so much would have become the subject of transfer to our pages. We conclude by recommending the work before us to the attentive study of our professional brethren

It is a valuable collection of important facts, a judicious compendium of the knowledge accumulated by these two gentlemen, and will prove a real help to the medical practitioner.

MEDICAL MEMS. OF THE WEEK.

BY PERISCOPICUS.

M. Longet has opened a number of dogs, and finds that in many cases the irritation of the pneumo-gastric nerves induces strong spasms in the stomach. This symptom varied in intensity, according to the distance of the operation from the time of digestion.

M. Hamont, in speaking of the causes and prophylactics of glanders, opposes the common notion that glanders and farcy do not exist in hot countries. He found these diseases everywhere prevalent in the East. He has ascertained that *blood*-horses are exempt from these maladies. Glanders prevail in Egypt, both in the acute and chronic form, during the cold as well as the hot seasons. He states that cold and dampness are not the only causes of this disease, but that it arises almost exclusively in horses of impoverished and degenerate organizations; and that the cause of its greater prevalence in France is, that in Germany and England the rearing of this animal is better understood. Good and airy stables are, according to him, of great importance. Glanders and farcy are not spontaneously developed in animals descended from the race-horse, provided that their constitution be not deteriorated by great privations or excessive fatigue. With varied, rich, and abundant food, these diseases disappear, but they appear again as soon as this regimen is substituted by one of a less nutritious character. He states that *lepra* in man is identical with farcy in the horse, and is also caused by bad food. It is peculiar to the poor classes, and never attacks the rich. The leprous spots appear upon the hands, the face, the nose, &c.; in the nose they become ulcerated, and give rise to an offensive discharge, and in this state they present a great resemblance to the glanders of the horse.

Mr. Joseph Houlton prefers, as a simple bitter, to any we have in the pharmacopœia, the infusion of chyrayta prepared according to the following formula:—℞. Herbæ chyraytæ, ʒss.; aquæ ferventis, ℥xvj.; macera per horas duas et cola. He particularly recommends it for chronic bronchitis. The infusion will keep for months.

Dr. Collier offers "the following valuable formula for the disulphate of quina, as a desideratum for our next pharmacopœia (national):"—℞. Quinæ disulphatis, ℈j.; acidi citrici crystallorum, gr. x.; aquæ distillatæ, f℥j.; quinæ disulphatem et acidum citricum in aquâ solve, et adde—vini aurantii optimi, f℥ xix.; signet "vinum quinæ disulphatis compositum." On adding wine, the solution is clear and complete, and no precipitation follows.

Mr. J. Bell has experienced great and wonderful benefit from leeching the epigastrium in delirium tremens.

The same gentleman, in most cases of scabies, uses an ointment of Hydriod. Potass. (ʒj of the Hydriod. to an ℥j of lard,) as much more expeditious in curing the complaint than the sulphuric ointment.

Dr. J. Reid gives the following analysis of 3,920 cases of midwifery:—The breech and lower extremities presented in 98, or 1 in 40; upper extremity in 23, or 1 in 170; face in 17, or 1 in 231; funis in 23, or 1 in 170; convulsions occurred in 9, or 1 in 435; retroversio uteri in 1, or 1 in 3,920; rupture of uterus in 1, or 1 in 3,920; placenta prævia in 4, or 1 in 980; accidental flooding before delivery of placenta in 27, or 1 in 145; ditto after in 32, or 1 in 122; placenta required manual extraction in 38, or 1 in 103; forceps employed in 25, or 1 in 157; perforation in 17, or 1 in 231; version in 25, or 1 in 157.

Mr. Henry Walne expresses, after much experience, a very strong opinion of the inefficacy of acupuncture in hydrocele, and an equally favourable opinion of iodine injections. He has only experienced one failure after their use, and they include no necessity for confinement. He uses but from 6 to 12 drachms of the injection, (Tr. Iodin. ʒj., ad. ʒij.; aqua tepid. ʒx. m.) and mixes the ingredients just before operation. When introduced, he gently moves it about the tunica vaginalis, and allows it to escape in three minutes. Mr. Walne uses a smaller trocar (by one-third) than the customary one. He gives a proper caution about the corroding action of the iodine on the metal in the injecting instrument. The best plan is to *oil* the instrument before operation, and to dip it in a solution of potassa after.

Mr. Graham, of Helensburgh, immediately arrests cramps in the stomach by applying a cupping-glass over the part. He attributes the power of what he calls infallible to the counter-spasms produced.

Messrs. Garrod and Marshall, who have been experimenting on saliva, aided by a case under their observation of a man labouring under fistula at the extremity of the right parotid duct, find that between meals, the fluid from the fistulous opening was acid, but within half a minute after a morsel had been taken neutral, and within the minute alkaline; it soon became strongly alkaline, and remained so till the completion of the meal. Ten minutes after the meal it became neutral, in about twenty minutes acid, and remained so till the next meal. The exceptions were during cough, which, when slight, produced an increased flow of saliva; and it often became neutral for a minute, but soon returned to its acid state. When, however, the cough was long-continued, the fluid not only became neutral but even alkaline; but it soon returned to its acid state when the fit of coughing was over. These changes are explained by the mucous secretion of the duct being essentially *acid*, a fact proved by other experiments on a four month's fœtus and a sheep, while the saliva is as essentially alkaline.

Mr. G. Sawyer says he has cured, in a miraculously short time, a boy of his own, of curvature of the spine, cough, and general bad health, by continuous friction, and alternately rubbing in, about the chest and back, quinine and mercurial ointments. The absorbents of the skin offer the best of all facilities for yearly administering medicine according to Mr. Sawyer.

Mons. Trousseau finds, that of 25 infants he watched, the period of eruption of the first tooth varied between 2 and 14 months, and that the mean period was 6½ months. Should his results be confirmed by further investigation, we shall have to modify the prevailing opinion, that the first tooth generally comes forth about the eighth month.—The teeth, he says, appear in the following order:—From 8 to 10 months, the two middle incisors, then a period of rest; from 8 to 15 months, the four upper incisors, then a period of rest; from 12 to 20 months, the four first molars and the two lateral incisors, followed by a period of rest; from 18 to 25 months the four canine teeth, period of rest; finally, from 24 to 30 months, the four last molar teeth. From the inquiries and observations made by M. Trousseau, respecting forty-two infants, it would appear that diarrhœa exists in a little more than two-thirds of children at the period of teething; and again, that the absence of diarrhœa is not a cause of convulsions, but that both affections generally exist together. If the diarrhœa lasts only four or five days, it produces no bad effects; but when prolonged, the mucous membrane of the intestines becomes inflamed, superficial ulcers ensue, and the child may die in a state of marasmus.

Dr. Sutherland, of Liverpool, applies undiluted creosote in burns, and declares that it prevents vesication, and almost immediately assuages all pain. He uses a hair pencil, and keeps the part constantly wet with creosote.

Mr. Simpson, of Edinburgh, has recently greatly improved Dr. Davis's obstetrical instrument, the osteotomist, which being capable of being used with a pelvis of only one inch betwixt the promontory of the sacrum, and the symphysis of the pubes, almost entitled the worthy professor to his opinion, that "while it would cut through beef ribs, it reduced to zero the necessity for performing the Cæsarian section."*

An interesting operation was lately performed by Mr. Liston on a patient with a fistula of the right parotid duct:—About 8 months since, the patient received a blow in the cheek, which was followed by an abscess. This was opened, and a quantity of pus evacuated. About a fortnight before admission he perceived a discharge of "clear fluid" to take place from the wound in his cheek, which had increased greatly during meals. The saliva escaped guttatim from a small fistulous aperture in the cheek. There was no communication between the fistula and the interior of the mouth. On the 14th of January, Mr. Liston operated on the fistula. Waxed thread was attached at each end to a needle; one of the needles was passed through the fistula into the mouth, immediately at the termination of the duct; the other about the eighth of an inch anterior to it; both threads were then drawn through, and included in the loop which they thus formed a portion of the inner part of the cheek; the thread was tied down upon this, and thus an aperture was made into the month. The edges of the fistula were then cauterised, in order to procure cicatrization and contraction of the aperture, but unsuccessfully, though repeated once since; but an efficient course has been found for the saliva into the mouth, and the dribbling over the cheek prevented.

The œthusa cynapium loses its fetid garlic smell when transplanted in America, and in the same continent the flowers of the hesperis matronalis lose their odour after the first generation. It is presumed no satisfactory explanation can be given of these singular facts.

It appears that Dr. Turnbull's pneumatic process for curing deafness, was first used by our own Darwin.

Professor Goeppents, of Breslaw.—The *work on antediluvian vegetation* of the above savant, is not only entirely novel and *unique*, as far as systematic natural history is concerned, but it has increased altogether the sphere of *physical* science, the author having succeeded in artificially *making* fossil plants. Professor G. has found, in the clay state of

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* The following is Mr. Simpson's description of his "*kepalepsalis*:" length thirteen inches and a half; that of cutting part two inches and a half; of handles eleven inches. It is formed on the principle of scissors, but instead of making a division, it affects the separation of the entire portion placed within its grasp. This is effected by continuing the outer blade round the extremity of the inner one, and returning it along the opposite side, as far as the joint or screw, where it forms one solid piece with the handle. When open, the blade resembles a box, two inches in length and half an inch in width, into which the inner blade is accurately fitted, and the cutting action is performed by the edges or corners of this blade passing those of the outer one into the box, as the handles approach each other.

Silesia, fossil plants so fresh (if we may so call them) that they could be easily bent, and even their epidermis subjected to microscopic observations. Guided by these researches, he has chosen portions of fern as most fit for his experiments, and by subjecting them in a layer of wet clay to the action of fire, (the operations, however, extending nearly through twelve months' time,) he has succeeded in producing specimens not to be distinguished from those found in nature. This simple fact upsets at once the merely Neptunic theory of the Globe, and shows that, conjointly with the action of water, fire also (organic agencies) had a large share in the reducing of organic bodies into a fossil state.

MEDICO-POLITICAL MEMS. OF THE WEEK.

A Mr. Irwin, a Coroner for Sligo, has been transported for charging the county with two guineas for the evidence of a medical man, which was never given, on an inquest that was never held. *Our* Coroners are wiser, *they* decrease medical witnesses, and increase inquests, and so get legally—lawlessly rich.

There has been a sad pother-making of late about a very worthless matter—a diploma of Mr. Wakley's College of Medicine, a college, by the way, which, it should be known, had no connection with the more celebrated College of Medicine of Messrs. Morison, Moat, and Co. A Mr. Browne, of Galway, was recently elected to the surgeonship of some public institution. He beat the other candidate solely (says a Dr. Moran) on the strength of Mr. Wakley's diploma, which the Galway squires, he says, mistook for the venerable diploma of the gentlemen of Pall Mall. While the Lancet was treating the preference of its College protegé as a high testimonial of the value in which its diplomas were held, even in the distant regions of Connemara, and,—to own a truth, they seem most respected where least is known of them,—the practitioners of Galway, seven in number, rose en masse, and denounced the original denouncer as a slanderous fabricator. Strange to say, that is, strange perhaps in any other country, the denouncer of the diploma has his name appended to the denunciation of himself. Dr. Moran was absent at the time of signature, but so great was the bond of amity between himself and the successful candidate, that the latter thought himself entitled to add to the brotherly list the name of his best friend, his denouncer. Dr. Moran has at length avowed himself, and makes show of direful fight against the holder and supporter of the spurious document.—Tantæ-ne animis celestibus iræ?

The Dover Union Guardians are advertising for medical tenders; the gentlemen of the Droxford Union are indulging in the same economical amusement. The Poor-Law Commissioners condemn such proceedings; why do they not stop them? What is to be expected of men who are all energy to carry out their mischievous convictions, and all inertness to carry out those that are clearly commendable? Have our readers ever thought of the advantage of circulating our journals among Guardians? If well read by them, we should have them *with*, not *against* medical men.

Our minor contemporary, taken with a fit of almost incredible candour, exclaims "The task of public censor is one which requires certain qualities which we do not possess!" (*Ipsissima verba.*) He adds, that he has no notion of sacrificing himself for the public weal *unprofitably!* We admire the purity of a patriotism which sacrifices itself for profit! Out of his own mouth is this wretched servant condemned.

Mr. Mackinnon carried an important motion through the house last week, a resolution for a committee of inquiry into the necessity of supervising the law of interments. He had evidently a very carefully prepared speech ready for the house, with all the proper notices of Egyptian, Grecian, and Roman customs; but the house seems to have been quite as prepared not to hear him. Mr. Wakley, in giving a secundem quid support to the motion, expressed some grave suspicions of the honesty of the cemetery owners, and proved again what he has proved to us many a time before, that the great source of half his blunders is the adoption of himself as a general human standard. The hon. member may safely take our word for it that humanity is better than he thinks it; not a tithe of us are Wakleys.

The Irish Poor-Law Commissioners have submitted, with much apparent reluctance, to the regulation of the Dublin Guardians increasing the salary of their medical officers, from £60 to £100 a year. The Irish Guardians we have yet heard of, are gentlemen; they are great readers, Messrs. Fannin tell us, of the Medical Times.

We are assured on good authority, that our representations a fortnight ago are likely to lead to some important changes, with respect to the suppression of quackery; Sir James seems inclined to enter on that statesman-like path we pointed out to him. A good meeting, by telling him the universal conviction, would be enough to make sure, doubly sure, the conversion.

The Bethnall Green Medical Association has had some sharp practice of late; of nine gentlemen who united in forming it to suppress non-qualified practice, one of the foremost was himself an unqualified practitioner. Like most persons in similar circumstances the gentleman (a Mr. Moore) tried to hide the spuriousness of his pretensions in their grandeur, and like them in endeavouring to avert raised suspicion. When the peacocks discovered that their noisy co-mate was but a disguised jackdaw, they were not content with plucking out his borrowed feathers, and pecking him out of their society, but made the case known to the worshipful company, who have required, and received from the delinquent, payment of five penalties, each of £20, and bound him under further penalties of £60, not to practise again. The Bethnall Green Association deserve much credit for the liberality and spirit which marked the whole of their proceedings. If Moore could have shown any legal qualification from any British or Irish licensing body, he would have been left undisturbed.

The British Medical Association has resolved, we are glad to observe, on calling a Public Meeting of the Profession. This is the time to try its mettle; there is high work for it now, if it knows how to cope with it.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

Retention of Urine.

Case 3.—Robert Clark, æt. 68, admitted July 10th, 1841, under Mr. Hawkins.—*History.* Has been the subject of stricture for many years past, and also of double rupture, one of which became strangulated, and about ten years since was operated upon for strangulated hernia. On admission, there was complete retention of urine, which had been existing in a greater or less degree for the last three or four days, he having during that period voided but a very small quantity of urine. Enema, baln calid statim; bladder distended; broth diet.

9 p.m. R. Tinct. opii m. x; 4. haust. piment. ℥iss. statim; broth diet.

11th. The enema acted pretty well. To have a gum injection, et R. Cal. gr. iij; p. opii. gr. iss.

2 p.m. Bladder much distended; balu calid

6 p.m. The xxv. drops of laudanum which were taken at 4 o'clock, to be repeated.

8 p.m. Baln calid.

12th. The last application of the bath was followed by the passage of a catheter, which was ordered to be left in, but which was removed this morning on account of producing pain. Bowels not acted upon; tongue foul. R. Ol. ricini, ℥ss. s. s.; urine very acid.

13th. Pain experienced in loins, &c., by presence of catheter, disappeared immediately after removal. Bowels acted; urine passed easily, very acid, and of large quantity; pulse regular, tongue cleaner; ordinary diet.

15th. Yesterday a slight return appeared; the catheter was introduced to-day, and ordered to be left in.

16th. The existence of the catheter in the bladder soon caused great pain, and it was removed. The urine passes very freely again; it is acid still. To have a baln cox. hac nocte. R. Ol. ricini, ℥vj. cras mane.

17th. Felt great relief from the bath; bowels acted freely also.

19th. To-day a small catheter (No. 2) was introduced, but in its passage met with considerable obstruction; bloody acid urine escaped; complains of frequent desire to make water, but cannot. R. Pulv. opii. gr. j; ext. conii, gr. iij; decoct. pareir. brava. ℥ij; tinct. hyosciami, ℥ss; acid nitric dil. m. xx. ter in die.

21st. Bladder still very irritable; discharge from urethra (purulent).

July 23rd. An attempt to pass a catheter did not succeed from great irritability of parts; urine acid, bowels open, tongue clean.

26th. To-day succeeded in passing a small catheter (No. 2), which was ordered to be left in.

28. The catheter was removed yesterday early on account of the pain experienced being considerable; discharge from urethra more healthy.

30th. To-day two different-sized catheters were introduced; urine acid.

August 2nd. No. 8 silver catheter passed this morning; discharge almost gone; less irritation of urethra.

6th. To-day after the withdrawal of the instrument, a considerable quantity of coagulated blood escaped; scarcely any discharge; bowels open; tongue clean.

9th. Much improved since last report; urine healthy; catheter passed easily; no irritation, and very little discharge.

11th. Having gone on improving, it is thought advisable he should be made an out-patient.

Remarks.—The retention in this as in the other case,* was caused by stricture, coupled with spasm of the sphincters of the bladder, which in this case arose from the irritation produced by the urine. He has occasionally been subject to partial retention, but never experienced such an attack as this before. By occupation he is a gaslighter, and in pursuing his employment he first experienced the attack, produced perhaps by cold and wet.

The mucous membrane of the urethra became very irritable, and denied the passage of an instrument on one occasion; the bladder also participated in this symptom, both of which were finally overcome by the medicines administered. The opium and the baths at the commencement were rather inefficient, but by steady perseverance they eventually succeeded.

MEDICAL NEWS.

Royal Medico-Botanical Society, March 9.—Dr. Sigmond in the chair.—The Secretary read a communication from the pen

* See Medical Times, vol. 5, page 248.

of M. de Pasquier, 'On the presence of arsenic in the hydrochloric acids of commerce, and in the same acids when purified subsequently by volatilization.' The author was induced to investigate the presence of arsenic in hydrochloric acid, from finding that when engaged in examining zinc in Marsh's apparatus, the muriatic acid test yielded clear indications of arsenic, while the sulphuric acid showed the reverse. The result of a series of experiments, well and carefully conducted, clearly demonstrated the presence of arsenic in the hydrochloric acid submitted to examination, and in considerable quantity also. In the opinion of M. de Pasquier, it resulted from the sulphuric acid used in the preparation of the muriatic, and which acid (the sulphuric) was made from the copper pyrites, which contain the salphuret of arsenic.—The following are the conclusions drawn by the author, from the experiments which he instituted:—Muriatic acid is met with in commerce, containing *arsenic*. *These same acids, purified* by the process generally employed in the laboratories of the chemists, and for pharmaceutical purposes, are still *equally arseniferous.*—There is a very notable quantity of arsenic contained in these acids. A killogramme of muriatic acid purified by distillation, has furnished a proportion of sulphuria equivalent to 722 millogrammes of arsenious acid.—The arsenic contained in these acids is derived from the use of an arseniferous sulphuric acid in their fabrication, that is to say, of a sulphuric acid prepared by the calcination of pyrites.—The poison is not contained in the hydrochloric acid in the state of arsenious acid, but as a chloruret, thus explaining its easy volatilization, and its presence in the same acid purified by distillation.—Arsenious acid is changed into a chloruret and water by its contact with hydrochloric acid; thus explaining the dissolving action of this hydracid on arsenious acid, which is so little soluble in pure water.—The use of this acid is exceedingly dangerous in chemical and medico-legal researches, in pharmacy, and in its application in manufactures. It is therefore indispensably necessary to ascertain, before it is used, that the acid does not contain arsenic.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths from all causes registered in the four weeks ending March 5, 1842.

	Feb. 12th	19th	26th	Mar. 5th
Small-Pox	7	5	5	4
Measles	19	31	26	19
Scarlatina	14	4	11	7
Hooping-Cough	71	55	46	54
Croup	6	10	14	9
Thrush	5	2	4	5
Diarrhœa	5	4	6	7
Dysentery	1	—	1	3
Cholera	—	—	—	—
Influenza	6	4	4	4
Typhus	20	22	17	23
Erysipelas	6	6	3	6
Syphilis	1	1	1	—
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Diseases of the Heart and Blood-vessels	21	32	20	19
Diseases of the Stomach, Liver, &c.	65	64	71	65
Diseases of the Kidneys, &c.	9	6	4	5
Childbed	6	6	7	4
Ovarian Dropsy	—	—	1	—
Disease of Uterus, &c.	1	2	4	2
Rheumatism	1	2	3	2
Diseases of Joints, &c.	5	2	6	4
Ulcer	2	1	—	3
Fistula	—	—	1	—
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Old Age or Natural Decay	106	88	64	67
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COURSE OF CLINICAL LECTURES ON PNEUMONIA.

Delivered in the Hospital of La Charité, by Professor CHOMEL.

LECTURE X.

6. *Expectoration.*—The pneumonic sputa are transparent, mixed with numerous small bubbles of air, and are of a reddish colour approaching to yellow, and sometimes green; thus, in some cases they have a *rusty* appearance, while in others they approach the colour of the *apricot*, or *barley-sugar;* they are viscous, and adhere so intimately to the vessel, that it may be turned upside down without their being detached from its sides; they are sometimes separate, at others they run together, so as to form a trembling and gelatinous mass. Such are the characters of the sputa in an immense majority of cases: in 125 pneumonias occurring in the years 1838 and 1839, the sputa were rusty-coloured and viscous, 106 times; mucous, more or less viscous and uncoloured, 9 times; viscous and greenish, twice; white and frothy, three times; serous and fœtid, once (gangrenous pneumonia); and quite absent, four times. The sputa present, also, numerous modifications. At the commencement of the disease, they are either absent, or else composed of mucus similar to thick saliva, but yet the patient experiences cough, dyspnœa, pain, fever; and auscultation will already reveal some degree of crepitant *râle.* As soon as the crepitation becomes very marked, the expectoration commences to present its distinctive characters; this ordinarily takes place about the second or third day; they then form by their tenacity and viscidity a homogeneous and transparent mass, but which easily escapes from the vessel, on inclining it to one side. When the pneumonia has decidedly reached its second degree, the sputa assume those characters which have been denominated distinctive; their viscidity and tenacity are proportionally more marked, as the pneumonia is bordering on its second stage.

The different colours of the pneumonic sputa are, since the experiments of Andral, generally attributed to the variable quantity of blood which they contain. For on mixing with water, which has been rendered viscid by the addition of mucilage, a little blood, and gradually increasing the proportion, we shall see it become shaded by turns with a yellow of a progressively deeper colour, then changing to a greenish yellow, from this to a yellow mixed with red, giving rise to the rusty-iron colour, and lastly to an intense red. (Clinique Médicale.) Still in some cases, no doubt, the yellow or green colour of the sputa depends on the presence of a certain quantity of bile. This may be easily ascertained by treating the expectorated matter by nitric acid. The duration of the rusty colour of the expectoration as well as of its viscidity is somewhat variable; in fifty cases which I noted, its mean duration was from seven to eight days, and for five days at the shortest. When the pneumonia inclines towards resolution, the sputa become less sanguinolent, less viscid, and less adherent to the sides of the vessel; they are thick, of a greenish white or puriform appearance, and generally rather abundant.

In the third stage, the sputa sometimes preserve the characters which I have pointed out as belonging to the second; but most commonly their appearance is modified; they become opaque, ash-coloured, and greyish, inodorous, and have the appearance of pus, being intimately combined with the mucus; at other times they become transformed into a liquid of the consistence of mucilage, of a brownish red, of a more or less deep tint, or even entirely black, and somewhat similar to the juice of liquorice, or of prunes. In the case of grey hepatization, the sputa sometimes present the appearance and consistence of the thick and blackish bile which often fills the gall-bladder. The expectorated sputa in a short space of time become dissimilar among themselves; some are mucous or frothy, and whitish as in bronchitis, whilst others present their distinctive characters. At other times the sputa are perfectly homogeneous; this takes place where the inflammation presents the same degree in the whole of the affected part. Most frequently then, instead of being viscous and sanguinolent, they offer the appearance, either of a very strong solution of gum arabic slightly coloured with red, or of a serosity of varied colour, covered with a white froth. I observed a case in which this froth, which was alternately white and rose-coloured, was exactly similar to the white of a well-beaten egg, and covered over a transparent, reddish, and somewhat consistent liquid. Chemical analysis discovered a large proportion of albumen.

The pneumonic sputa ordinarily exhale no odour. Their varied consistence, as we have seen, is generally in direct relation with the intensity of the affection. Their quantity also varies. M. Bouillaud believes he could not be far from the truth in valuing it, as a medium quantity, at four or six ounces. It is generally in direct relation with the extent of the affected portion of the lung. A very important remark is, that the matters expectorated by a patient, may present most of the characters of the pneumonic sputa without the actual existence of pneumonia, as proved by the following facts:—M. Courbette relates, that having been called to an individual labouring under intense fever, he found in his expectoration thick and rusty-coloured sputa: the patient told him that he had all his life been subject to this expectoration, and had been none the worse for it. In fact, he was a strong and robust man. Auscultation and percussion discovered nothing abnormal in the lungs, and the fever ceased the next day.

In organic diseases of the heart, the sputa sometimes present the pneumonic characters without any other sign of pulmonary inflammation; at the opening of the body we merely find *hypertrophy* of the heart which is usually of an enormous size. In some rare cases, according to M. Piorry, the secretion from the pituitary membrane presents a colour and appearance very similar to that of the pneumonic sputa, showing that some part of this membrane is acutely inflamed. M. Piorry speaks to having observed this phenomenon in the first stage of pneumonia, although the *coryza* was so slight as not to cause any general symptoms of uneasiness. Lastly, in some cases, the pituitary secretion is of the colour of the juice of prunes; this is caused from the blood mixed with the proper secretion having been retained for some time in the nasal passages. In acute bronchitis of an intense character, the sputa are so viscid, that they adhere in bands around the sides of the vessel; they often also contain a certain quantity of blood, which appears in the form of streaks, instead of being intimately combined with the mucus. Although the expectoration sometimes presents most of the characters of the pneumonic sputa without the actual existence of pneumonia, at other times we meet with pneumonia unattended by this peculiar expectoration, which is either altogether absent, or else merely presents the characters of simple bronchitis. Expectoration does not always accompany pneumonia; this disease sometimes runs through all its stages, and terminates, whether favourably or otherwise, without its existence having been indicated by any degree of expectoration. *Dry* pneumonia, however, is rare in the adult; thus, in forty-seven patients admitted into the Hospital of *La Charité* in 1829 and 1830, the expectoration was absent in two only (one of whom died); in thirty others, the expectoration was wanting in but one case, in which the pneumonia occupied the summit of the lung. In fifty patients observed in 1836, the expectoration was absent in ten, and in six of them the inflammation was seated at the summit of the organ. In 125 other patients observed in 1838 and 1839, four only were free from expectoration. Thus, in a total of 252 patients, expectoration was absent seventeen times, that is to say, in about one-fifteenth of the cases.

Absence of expectoration is owing: First, to the extreme debility of the patient, as is frequently the case with old people, or when pneumonia supervenes on some other disease which has already greatly weakened the individual. Secondly, to the inability of the patient to spit, as in children up to five or six years of age, and even in some adults; a case of this kind occurred in 1833, in a woman in St. Lazarus ward. Thirdly, to the absence of secretion, as sometimes occurs in those cases in which copious *diaphoresis*, and especially *hiarrhœa*, has arisen in the course of the disease. Fourthly, the seat of the pneumonia has some influence on expectoration. It is more frequently wanting in inflammation of the superior, than in that of the other lobes of the lung. In eleven cases, in which there was no expectoration, the inflammation was seven times at the summit of the organ. M. Bouillaud thinks that this difference may be attributed to the circumstance of the movement or impulse of the cough, which serves to detach and expel the bronchial secretion, having much less influence on the superior, than on the inferior lobes. But M. Grisolles objects to this explanation, inasmuch as the lung exactly filling up the chest, each impulse or movement must act equally upon its entire mass; he also thinks that the secretion from the superior lobe must have much greater facility in escaping into the larger bronchi, from the favourable action of its own weight. In viewing this question, we ought carefully to consider the degree of power possessed by the subjects attacked with pneumonia of the superior lobe. Thus, of the ten patients who had no expectoration, six it is true had inflammation of the upper lobe; but of these six patients, five had been during the whole course of the disease in a state of extreme prostration, the effect of age, or of the malady itself. In any case, it will be of the highest importance to distinguish whether the want of expectoration arise from the absence of secretion, or from the impossibility, under which the patient labours, of expelling from the air passages the matters which are secreted in greater or less abundance. The prognosis as well as the treatment of the pneumonia will be modified according to the one or the other of these cases. In the first case (absence of secretion) auscultation does not discover any mucous *râle;* the respiration is not much constrained, and frequently there exists at the same time an abundant diarrhœa. Where, on the other hand, the secretion does take place, but, from the inability of the patient to expel it, becomes accumulated in the bronchi, we hear abundant mucous *râle* and a species of *gargouillement*, the respiration becomes more and more embarrassed, and asphyxia becomes imminent.

GENERAL SYMPTOMS OF ACUTE PNEUMONIA.

1. *Pulse.*—It is indispensable for you to assure

yourselves of the state of the pulse before having recourse to percussion and auscultation, proceedings which most commonly require some movements on the part of the patient, and which may augment the force, and especially the frequency, of the arterial pulsations. It is also advisable to feel the pulse several times at the same visit; the impression produced on the patient by the arrival of the physician, the fear of undergoing painful or disagreeable operations, exercise a great influence over the circulation. We should also feel the pulse in both arms; for sometimes there exists a great difference between the pulsations of the two radial arteries. Zimmermann relates two striking examples of this description, and M. Cassan speaks of a patient in whom he observed an inequality of the pulse which depended, according to him, on hepatization of the whole right lung, with adhesion of the pleura throughout its entire extent; in this case, the lung compressed the artery which was distributed to the arm. Before the pneumonia, the pulse of this side offered no irregularity. In some persons the pulse is naturally very frequent or very slow; I have seen it beat 100 times, or only 35 or 40 times in a minute, so that in the former, 120 pulsations would not indicate a febrile movement, which on the contrary might be well marked in the second, although the pulse should merely be at 60 or 70, and even much less. Thus, in a young man 17 years of age, who came under my care, the pulse was only 48 at the height of the disease, when the dyspnœa was very intense, the skin burning, and the sputa perfectly characteristic. Lastly, we must remember that in certain cerebral complications, the pulse beats with but little frequency, notwithstanding the presence of pneumonia.

The pulse, in acute pneumonia, is generally large, full, hard, frequent, regular, and equal. In 125 cases which were treated in the hospital, the pulse, which was 72 in slight cases, rose to 120, and even 140 in the minute, in those more severe. In the patients seen by M. Louis, the pulse was large and below 80 in three-fourths of the cases which terminated favourably; in the other fourth it exceeded this number, keeping at 100 in some individuals for several days, but was quickly reduced in frequency as soon as the local symptoms became stationary, or appeared to amend. The duration of the disease was in an inverse ratio to the acceleration of the pulse. Of those cases which terminated fatally, M. Louis found the pulse above 90, during the last three or four days of life, in only a fifth part of the affected subjects. The pulse was unequal, intermittent, and very small in six peri-pneumonic patients, four of whom were also affected with *ramollissement* of the heart, and it presented the same characters in but two of the 57 who survived. In the 26 cases of pneumonia spoken of by M. Bouillaud, the *maximum* of the pulsations was 128, the *minimum* 76. Now, in two patients the pulse, which was but 76 on the occasion of the first visit, fell to 52 at the period of convalescence, thus showing a relative degree of frequency. The *mean* of the pulsations in the other 24 cases was about 100; while *after convalescence*, in the 23 patients who were cured, the *mean* was about 60; consequently, the difference of frequency in the two periods of health and disease was in the relation of 3 to 5, while with respect to respiration, the difference was as 1 to 2; that is to say, the frequency of the respiration is augmented in a greater proportion than the frequency of the circulation.

When the inflammation is very intense, the pulse is sometimes remarkable for its smallness; but it regains its force and largeness under the influence of free venesection. At other times, the pulse is extremely feeble, and in these cases blood-letting merely renders this character more marked, at the same time that it suppresses the expectoration and increases the dyspnœa and prostration. The frequency of the pulse is generally in direct relation with the intensity and extent of the pneumonia, as well as with the frequency of the respiratory movements. In the last stage of the disease, however, the pulse often loses its frequency, and seems to return to its normal state, although the respiration becomes more and more accelerated. This is almost always a fatal omen in the adult. When pneumonia is combined with inflammation of the pleura, the pericardium, or the substance of the heart, the pulse becomes wiry, small, very frequent, and often irregular and unequal, especially in the two last complications. We sometimes see, in spite of blood-letting, the pulse remain strong and hard; this character is most frequently presented in old men, but in them it often depends, not on the intensity and extent of the disease, but on hypertrophy of the left ventricle of the heart. Thus the force and irregularity of the pulse, especially in old people, can only be of value in those cases where we have watched their development. In general, irregularity of the pulse will direct the attention of the practitioner to the heart and its covering. Towards the termination of pneumonia, when all the other symptoms are improved, when the cough, the expectoration, the dyspnœa, and the heat of skin are gone, we often find the pulse still continuing frequent. In these cases, on paying particular attention, we usually discover some remnant of the inflammatory action. At other times, on the contrary, the pulse regains its natural characters, and still the dyspnœa, the cough, and the expectoration, as well as the signs furnished by percussion and auscultation, show that the inflammation has not ceased.

2. *State of the Veins.*—We ought not to overlook the appearance of the veins in the study of pneumonia; their distension may furnish some valuable indications in the employment of blood-letting, when the pulse may be small, contracted, and unequal.

3. *State of the Blood.*—Some ancient, as well as modern authors, admit that an inflammatory state of the blood enjoys great power in the production of pneumonia; for my own part, without entering into the question whether the alterations of this liquid precede, or are consecutive to the pneumonia, a point of the greatest importance, but which is connected rather with general pathology than with the history of pneumonia in particular, I will remind you that in an immense majority of cases, the blood drawn from pneumonic patients becomes covered with a thick, firm, elastic, and resistant *buff*, which quickly forms a species of fibrous membrane; sometimes, however, it is soft and more or less infiltrated with serum. The presence of this *buff* is an almost constant phenomenon in pneumonia of the adult, when the blood-letting is well performed, and the blood collected into a vessel of sufficient size and depth; and such is the constancy of this condition, that the diagnosis in doubtful cases may be greatly aided by it. When the blood, for instance, becomes *buffed* in the course of bronchitis, the attention of the practitioner should be directed to the pulmonary parenchyma, and auscultation will soon discover to him, in many cases, signs of pneumonia in some, frequently circumscribed, portion of the lung. Or, again, when the blood becomes *buffed* in an individual labouring under dyspnœa, preceded by shivering, and followed by a viscid expectoration, (which, however, may not be characteristic of pneumonia, this sign should lead us to admit the existence of this disease. *The clot* is much more consistent than in the normal state; and another phenomenon which we often remark in pneumonia, is a tendency of the blood to coagulate, even during life, in the heart and large vessels. The *buffed* state of the blood, and the resistance of the clot, are not generally observed at the commencement of the disease; these phenomena usually appear only after one or two days, sometimes even later.

In the third stage, when suppuration has invaded the pulmonary parenchyma, the blood most commonly ceases to be *buffed*, or else this covering is thin, soft, and diffluent; the clot becomes soft and easily torn; in a word, the blood in these cases presents most of the conditions belonging to the typhoid state, or that of purulent infection. Lastly, whatever may be the stage of the pneumonia, when asphyxia is imminent, the blood escapes in a black state from the vein, but regains its ordinary characters in proportion as the respiration is more perfectly performed.

The following summary of eighty-one cases of pneumonia will serve better to exhibit the differences presented by the blood in the course of this disease. This liquid being carefully examined by M. Louis in twenty-four fatal cases of pneumonia, was covered with a buff in nineteen; firm and thick on each blood-letting in fourteen; and more or less soft and infiltrated in the others. Now, the blood was drawn at very different periods in those cases in which it was not *buffed*. It was *cupped* in but two-fifths of the patients, in almost a similar proportion in those in whom this *buff* existed, and those in whom it was absent. The *buff* was more constant in the fifty-seven peri-pneumonic patients who were cured, being absent in six only, and in all the others it was of a greater or less thickness; the six patients, in whom the *buff* was absent, were bled twice, and the character of the clot was the same at each blood-letting. The *buff* appeared only at the second bleeding in five cases, and the reverse took place in some others. The cupped state of the blood was more or less considerable in thirty-three subjects.

4. *Modifications of heat.*—*A shivering fit*, of variable intensity and duration, almost always takes place at the commencement of pneumonia. This shivering fit existed in 103 out of 125 cases observed in the hospital, in 1838 and 1839, and was almost always of a well-marked character; thus, of fifty-eight cases in which a distinction was made between intense and slight shivering, it was of a well-marked description fifty-six times. The shivering was absent in thirteen cases, and was obscure in nine. This shivering fit is of great value in the diagnosis of pneumonia, which is the only affection presenting this phenomenon at its commencement in so marked a degree; it acquires a greater importance still, if the patient is arrived at an age when typhoid fever is not so much to be dreaded.

A more or less intense *heat* almost constantly succeeds the shivering; this heat is generally proportioned to the acceleration of the pulse and the respiration, still without any intimate relation existing between these three functions. Most commonly it is of a moderate character, and continues only eight or ten days; under these different respects, it differs very remarkably from the heat observed in typhoid fever. French physicians do not seem to have noticed the character observed by Dr. Addisson in pneumonia. The heat, according to this physician, is *prickling*, and will suffice, in many cases, to distinguish the disease in its first stage. This prickling heat exists also, says Dr. Addisson, in some forms of inflammatory dropsy, most frequently in continued fevers, especially in children, and in the acute exanthemata; but it is, according to him, so frequent in simple pneumonia, that its presence ought to direct the attention of the physician to the respiratory organs. This prickling heat is most frequent and most marked in aged persons.

A state of general *uneasiness* almost constantly accompanies pneumonia.

5. *Sweat, sudamina, rose-coloured lenticular patches.*—In almost all patients there are copious perspirations combined with heat during the first days of the affection. Sometimes the sweats exist for a short time only, and reappear some days after, when the febrile movement has greatly diminished. In general they take place during the night, and in a fourth part of the subjects seen by M. Louis, they were so considerable as to compel a change of linen several times during the night. Still, in spite of these abundant and prolonged sweats, it is rare to meet with *sudamina* in the course of pneumonia. It is also very rare to find upon the integuments those *rose-coloured lenticular patches* which form one of the most remarkable characters of typhoid fever. Out of fifty patients attacked with peri-pneumonia, angina, diarrhœa, rheumatism, pulmonary catarrh, febrile paroxysms, pleurisy, gastro-enteritis, and gastric derangement, and in whom M. Louis sought the existence of this eruption, twelve of them, or rather less than the fourth part, presented this phenomenon; and among these twelve were two peri-pneumonic patients, who died; the eruption also was very slight in all twelve of the cases.

6. *Fever.*—By combining the symptoms of shivering, heat, perspiration, acceleration of the pulse, and general uneasiness, we shall see that *fever* almost always exists in pneumonia. It is generally proportioned to the violence of the com-

mencing shivering fit; the more violent and prolonged the shivering, the more intense the fever. The febrile movement may assume three principal forms, namely, the *inflammatory*, the *adynamic*, and the *ataxic*. The inflammatory form is the most frequent in the adult; it is, on the contrary, very uncommon in the old man; at this period of life the adynamic form prevails; and, according to MM. Hourmann and Dechambre, the adynamic fever which Pinel has described as endemic at *Salpêtrière* was merely this variety of adynamic pneumonia. Pneumonic fever is continued, with irregular paroxysms, but which usually return towards night; they are preceded by a shivering, and followed by a sweating stage.

LECTURES ON CHEMISTRY.

By JOHN SCOFFERN, Esq., Lecturer on Chemistry at the Aldersgate School of Medicine.

In our last lecture, gentlemen, I confined myself to the subject of heat in a latent or hidden form, the existence of which could only be proved by reasoning and calculation. This lecture I propose devoting to the consideration of *evident heat*, or *temperature*, the leading effects and properties of which may be examined under the following heads: — Expansion — Liquefaction — Evaporation and Ebullition—Conduction—Convection—Radiation.

Thousands of instances continually present themselves to us of the expansion of bodies by an increase of temperature, and their contraction when the reverse conditions are fulfilled; but for the purposes of lecture demonstration, I have prepared some specific apparatus.—First, then, I will demonstrate this proposition with regard to a solid, by taking an iron bar, which, in its cold state, exactly fits a gauge both as to length and thickness; now I make it a little warm, or in other words cause it to acquire temperature, and see it has become much larger every way. Most other solids are affected in a similar manner, there being only a few exceptions, which I will mention to you by-and-bye. I need hardly remark, that all solids are not equally susceptible of expansion by equal temperatures, each having a capacity peculiar to itself. You must have noticed thousands of instances illustrating this proposition, and if engaged much with chemical apparatus, the fact will be still more obvious. Every person knows that metals expand much more than glass for equal degrees of temperatures; hence the frequent rupture of plates of electrical machines by the expansion of their metallic axes, hence also the difficulty of sealing permanently wires of any other metal than platinum into glass, on account of their too great expansibility.

That liquids expand by increasing their temperatures, may be seen in thousands of familiar instances. If a glass flask be completely filled with alcohol and then heated, a portion of the liquid will run over, proving that expansion must have taken place, an effect which may be rendered still more evident by adapting to the flask a tube through which the expanding liquor may ascend. By employing a number of such flasks, each filled with a different fluid, and heating them equally, it will be observed that the expansions are unequal, thus establishing an analogy in this respect between solids and liquids.

That gases expand by an increase of temperature, may be proved by heating vessels containing them, and noticing the efforts which they make to escape. All gases, no matter what their composition may be, expand equally for equal temperatures, at least *they are said* to do so, although probably there does exist a difference in this respect, too minute, however, for appreciation. The effects of temperature in promoting the expansion of different bodies may be anticipated, if we remember it as the natural antagonist of cohesion; of course the amount of expansion should be inversely proportionate to the amount of cohesion to be overcome. Gases should be more expansible than liquids; liquids more than solids; such, indeed, is the fact. Reasoning still on these data, we are led to certain other theoretical conclusions which strictly accord with practice. We have already found that different solids and fluids expand unequally for equal temperatures, a fact which might have been reasonably anticipated, knowing as we do that their cohesion varies. To the same cause we must attribute the circumstance of a solid or fluid expanding unequally for equal increments of temperature, whilst the opposite holds good with respect to gases. The particles of solids are held together by strong cohesive force; the particles of fluids by a weak cohesive force; and the particles of gases are either subject to no cohesion at all, or one so very trivial that we cannot appreciate it; hence the results just alluded to may be easily explained. Suppose, for example, I take a bar of iron and impart to it any given amount of temperature, say 10 deg.; this temperature opposes a certain amount of cohesion, say 5, and causes an expansion which we may indicate by any arbitrary number, say 5 also; therefore the iron thus heated 10 degrees above its original temperature has suffered a diminution of cohesion, and hence another increment of temperature equal to the former, i. e. 10 deg., will cause more than 5 more of expansion, for a very obvious reason, namely, the amount of temperature remaining equal has not so much cohesion to oppose. A similar remark applies to liquids, but the variation in them is much less marked, on account of their weak cohesion. With respect to gases, I have before observed, no variation of this kind can be recognised, and is said (perhaps with slight incorrectness) not to exist. In other words, the force of aggregation or cohesion is thought not to exist between the particles of gases, but it seems to me more philosophical to imagine the existence of such a force, but in a very low degree. A consideration of the preceding facts would lead us à priori to imagine that gases were most proper for measuring degrees of temperature, but their very equable expansion is more than counterbalanced by the mechanical difficulties attending their employment; consequently, although air was originally employed for thermometers, or measurers of temperature, and is still occasionally used for some purposes, our most valuable heat-measuring instruments, called pyrometers, for high temperatures, and thermometers for low ones, are made of solids and liquids. I shall first direct your attention to the making of thermometers, on account of their frequent application and great utility.

The first attempt at measuring degrees of temperature by the expansion of bodies was made by Sanctorius, in the 17th century; some persons, however, bestow this honour on Cornelius Drebel, and others on the celebrated Galileo. At all events, atmospheric air was the material employed, and the apparatus consisted of nothing more than a flask containing air, and having inserted into its mouth a long tube, the latter being partly filled with a coloured liquid, was inserted in a vessel of the same. Now it is evident, that temperature being imparted to the flask, its contained air must expand, and the coloured fluid in its tube must be driven down; such was the nature and construction of the first thermometer, an instrument of great delicacy, but most inaccurate for reasons which I need hardly enlarge upon. Atmospheric pressure will however be recognised as one great source of fallacy, and the varying weight of the column of water another: these difficulties can only be overcome by totally altering the form of apparatus into that of the common differential thermometer, which consists of two bulbs containing atmospheric air, and joined together by a tube bent twice at right angles, into which was placed, whilst the instrument yet remained open, some coloured sulphuric acid. The action of this kind of thermometer will be obvious if both bulbs be equally heated, of course the intermediate coloured liquid will remain unmoved, otherwise, it will proceed towards that bulb which is coldest, and the contained air of which is least expanded, showing the difference between the temperature of the two bulbs, and hence the term differential applied to this thermometer. It is, as I have just remarked, the only form of air thermometer at present used, and although occasionally employed for particular purposes, is not capable of affording those indications of temperature for which we *usually* consult a thermometer, merely in fact showing the difference between any two temperatures, but not the actual amount of either. For the purpose of making ordinary thermometers, we are obliged to employ liquids, and finally we limit ourselves to alcohol and mercury. The former is useful for measuring very low temperatures, when mercury would be inapplicable on account of its freezing at —40 degrees of Fahrenheit's scale. For the purpose however of ascertaining the degree of moderately high temperatures, thermometers containing mercury are usually employed; this liquid metal boils at 662 degrees of Fahrenheit's scale, hence this is the highest temperature which a mercurial thermometer can measure.

I shall now proceed to show you how a thermometer is made, premising however that the necessary manipulations require more dexterity than I or any person, except a professed thermometer-maker, can be expected to possess. You will find at the glass shops, tubes blown on purpose for the manufacture of thermometers, and known by the appellation of *thermometer tubing:* these should be selected of equal size throughout, which, by-the-by, is a desideratum not easily attained. In order to measure this equality of bore, one end of a tube to be examined should be immersed in mercury, and suction being applied at the other extremity, a known linear portion, say an inch of the metal, should be made to enter, and being constrained to traverse the whole of the tube, its linear measurement should in no place be either greater or less than one inch, if otherwise, of course the tube is of variable dimensions, and should be rejected.

Having selected a tube of the proper kind, the next requisite is to blow a bulb at one extremity. Of course a blowpipe flame is necessary in order to fuse the glass, and the blast of air is usually supplied by the mouth, although books advise an india-rubber bottle to be substituted, in order that moisture may not be imparted to the interior of the tube.

The bulb being at length formed, our next object is to fill it with mercury, which cannot be poured in on account of the smallness of the tube; but the open end of the tube being immersed in mercury, and the bulb heated, its air is driven out by increasing expansion, and on cooling the mercury enters. The bulb, however, is never by this first operation completely filled with mercury, consequently heat must be re-applied, and a portion of mercury must be raised in vapour and allowed to escape through the tube: now, on applying cold, the bulb will usually become filled with mercury, as also the tube, the latter however must only contain a certain portion of mercury, (about one-third of its length is the proper quantity,) therefore any superabundance must be allowed to escape. Matters being in this condition, the mercury is heated until it quite fills the bulb and tube by its expansion, and at that very instant, the end of the tube is to be fused by another source of heat; now the tube thus prepared must be allowed to cool, when the mercury will contract and recede towards the bulb.

We have now succeeded in preparing an instrument that will indicate evident heat or temperature; it may be called a *thermoscope*, but in order to convert it into a *thermometer*, or measurer of amounts of temperature, it must be graduated, so as to afford numeral indications.

The graduation of thermometers is altogether arbitrary, and it matters little which is employed, provided individuals understand each other's descriptions. The only three scales, however, commonly employed, are the Centigrade, Reaumur's, and Fahrenheit's, which are exemplified in the accompanying tables.

Fahr.	Cent.	Reaum.
212° water boils..	100° water boils..	80° water boils.
32° do. freezes..	0° do. freezes..	0° do. freezes.

Fahr.	Cent.	Reaum.	Fahr.	Cent.	Reaum.	Fahr.	Cent.	Reaum.
212..	100..	80....	113..	45..	36....	14..	10..	8
203..	95..	76....	104..	40..	32....	5..	15..	12
194..	90..	72....	95..	35..	28....	4..	20..	16
185..	85..	68....	86..	30..	24....	13..	25..	20
176..	80..	64....	77..	25..	20....	22..	30..	24
167..	75..	60....	68..	20..	16....	31..	35..	28
158..	70..	56....	59..	15..	12....	40..	40..	32
149..	65..	52....	50..	10..	8			
140..	60..	48....	41..	5..	4			
131..	55..	44....	32..	0..	0			
122..	50..	40....	23..	5..	4			

The first table shows us the respective peculiarities of the three scales, and the second indicates the correspondence between their degrees. It will be seen, that according to Fahrenheit's scale, the freezing point of water is called thirty-two degrees, and its boiling point 212, being 180 degrees above the former, whilst the centigrade scale and Reaumur's make the freezing point of water their 0 degrees or Zero, differing only in the number of the degrees assigned to the boiling point of that liquid. It may appear strange the Fahrenheit should have chosen in an arbitrary scale to have indicated the freezing point of water by the number thirty-two degrees, but the fact is, he commenced his scale from the degree of cold produced by a mixture of snow and salt, calling this his 0 degree or Zero. In England, we usually employ Fahrenheit's scale; on the Continent, the others are more prevalent, consequently it is frequently necessary to change a number of one scale into its corresponding number of the other; this may be accomplished in many instances by tables such as I have just shown you, otherwise by a very obvious calculation. You have only to remember the relation which exists between their degrees, and there will be no difficulty in applying the rule for mutual conversion: 180 is to 100 as nine to five, and 80 as nine to four, so that nine degrees of Fahrenheit are equal to five of Centigrade, and four of Reaumur's thermometer. In order, therefore, to reduce Fahrenheit's to the centigrade scale, multiply by five, and divide by nine; to Reaumur's scale, multiply by four, and divide by nine. In order to reduce either of these to Fahrenheit's, reverse the process. But it must be remembered, that the Zero of Fahrenheit's thermometer is thirty-two degrees lower than that of the centigrade or Reaumur, a circumstance for which due allowance must be made. The formulæ which I here show you will render this intelligible: F. $32 \times \frac{5}{9} =$ C. C. $\times \frac{9}{5} + 32 =$ F. For example, to reduce 212 degrees F. to the centigrade, first subtract thirty-two, which leaves 180, and this number multiplied by five-ninths, gives its correspondent in the centigrade scale. Or to reduce 100 degrees C. to Fahrenheit's, multiply by nine-fifths, and then add thirty-two.

The Fahrenheit graduation is, as I remarked, most usual in England; let us proceed, then, to graduate our tube according to this scale. First, I plunge the bulb part, which contains the mercury, into a vessel of *melting* ice; if it were *not* melting, perhaps its temperature might be lower than 32, but since it *is* melting, I know the temperature must be 32 deg., neither more nor less. The point at which the mercury now stands in the tube I nick with a file, and removing the bulb from the melting ice, I plunge it into boiling water; the mercury, you observe, rises to a certain point, which I also nick; these two points serve as a basis for my future calculations. I now affix the tube thus prepared to a piece of wood, hereafter to be made a scale; opposite to the point where the mercury stood when the bulb was immersed in melting ice, I mark the number 32 deg.—opposite to the other point I mark the number 212 deg. The intervening space I divide into 180 equal parts, called degrees, and in order to prolong the scale above 212 deg., and below 32 deg., I mark off divisions equal in length to those which are between, and the instrument is made. From a consideration of this operation, you will not fail to observe that every thermometer tube must have its own peculiar scale; and a tube being once broken, no other tube can be made to supply its place. For the purpose of ascertaining very high temperatures, instruments called pyrometers are employed; they cannot be made of liquids for obvious reasons, consequently either gases or solids must be employed; the former would seem to be more especially indicated by theory, but on account of mechanical conveniences the latter have hitherto been exclusively used. Pyrometers usually consist of an apparatus for measuring the expansion of metallic bars, and platinum, on account of its infusibility, is generally employed. Wedgwood's pyrometer, however, depends upon the opposite principle, namely, upon the property which clay has of *contracting*, by the application of heat; an exception to the general rule, not singular, as we shall hereafter learn, but participated by a few other bodies. Wedgwood's pyrometer consists of a gauge capable of measuring the amount of contraction experienced by masses of clay, on account of the action of fire. This, however, is a very imperfect and fallacious instrument; for omitting altogether the practical difficulty of obtaining masses of clay exactly similar in composition, it is found that long-continued and moderate temperatures produce the same amount of contraction as short and violent ones.

Sometimes it is desirable to ascertain the total amount of expansion sustained by any solid; this is easily learned by multiplying its linear increase by 3. Suppose, for instance, a bar of iron at a certain temperature is a foot long, and by increasing that temperature, is elongated to the extent of half a linear inch; then its total or cubic increase of volume will be three half inches, or one and a half; strictly speaking, the number to be used as a multiplier is a little more than three, but the fraction is too small to be regarded. The property of expansion by heat we have seen applied very usefully in the formation of pyrometers and thermometers. I might enumerate many other instances of its useful application, but one of the most beautiful is in compensation pendulums and balance springs. Every one knows that the rate of going of clocks depends upon the length of their pendulums; and since heat expands metals, pendulums, as commonly constructed, increase in length during hot weather, and retard the going of the clock. In the compensation pendulum this is obviated by arranging bars of metal in such a way that the expansion of one tends to elongate the pendulum, as the expansion of the other to shorten it. Compensation balance springs depend for their efficacy on an application of the same principle.

MICROSCOPIC RESEARCHES.

Laurent on producing the pustular Disease of the Hydra at will.—Having at length studied the influence of atmospherical circumstances on the production of the pustular disease to which the genus *Hydra* is subject, I have arrived at the point of preventing or favouring this disease, when I am desirous of showing that the pustules are not testicular organs, and that the liquid which escapes, although containing zoospermoid vibrating corpuscles, cannot be considered as performing the office of the sperm.

Bazin on the Genital Organs of Bothrydium Pythonis.—The genital organs of this worm, which were first described by M. de Bainville, are to be met with by opening several of the rings on the ventral surface, they will then be found filled with a substance apparently granular, when viewed with a powerful lens. The microscope exhibits it to be entirely composed of ovules, the great diameter of which is about 0.078 of a millimetre, and the smaller diameter about 0.048 of the same measure. He has as yet only observed a single ovary and one oviduct; but considers it nevertheless probable, that a male organ is equally to be found there.

Zaddach on the Anatomy and History of the Development of Apus cancriformis.—This thesis is divided into three parts: In the first the author gave a very minute description of the external parts of the animal, although he remarked that Schœffer, who first described the species, had already given the same with care. The second part comprised the anatomy. The author commenced by detailing the muscular system, passed then to the organs of digestion, circulation of the blood, and cited the observations he had made on living animals; he then gave the nervous system of the *Apus cancriformis*, which, before his time, had been but little observed. In the last place the organs of generation, in which, although he found but little to add after what had been already done, were nevertheless the object of a new examination by him. The history of the development of the insect formed the third part of the thesis. The author took, first of all, the animal as soon as it came from the egg, and traced it to the development of the first abdominal feet; he then passed to the second period, viz., the growth and development of the second pair of thoracic feet; and then, at the third period, he arrived at the point of growth of the second pair of thoracic feet to the development of the external receptacle of the eggs, which formed the fourth period.

M. Audouin presented to the Academy, on the part of the author, M. Noeggerath, a similar thesis written at Bonn, dated the 5th of April, 1801.

Dr. Jobert on the Termination of the Nerves of the Womb.—From the researches he has made on this subject, in connection with physiological and pathological observations of this organ, he is convinced that the nerves intermingle and become confounded in penetrating the intimate tissue, or into the parenchyma of the matrix; but on submitting it to researches the most minute in anatomy, even microscopic, never could he follow the threads as far as the neck of the uterus. The whole portion of this organ which protrudes into the vagina, and contributes to form the lips of the orifice of the uterus, do not receive the slightest nervous filament; these filaments, apparently directed to that part, after having become very intricate, produce a new plexus, having two kinds of fibrillæ, according to the relation and direction they take. Many turn back, and take a direction contrary to their first course, to become distributed in the substance of the parietes of the womb, while the others descend into and penetrate the tissue even of the tube constituting the vagina. The above appearances observed in the human subject, have been also seen by Dr. Jobert in several other animals, such as the dog, rabbit, marmot, Indian hog, &c., &c.

Circulation and Rotation in Closterium lunula.—The author observed a stream of thick clear fluid, running on the inner surface of the edge of the *lorica*; it was sometimes simple, at other times separating into numerous delicate branches, whose courses were near to each other. The current was the stronger, the nearer the streams were to the clusters of sporules or ova? At these points, the stream divided into two branches; one turned round in the opposite direction, whilst the other remained quiescent until the first again reached it, when it turned in the original direction. The motion of the original current lasted from four to seven seconds, that of the other for one second only.

Jac. Agardh has lately directed especial attention to the motion of the sporidia in green-coloured Algæ; and Desor to the rotation of the sporules of Confervæ.

Fossil Plants.—According to Göppert, the destruction of the ligneous cells and vessels commences with the loosening of the secondary layer; the *pores* thereby becomes indistinct, and the whole cell soon after becomes destroyed, as the external membrane ceases to exist. According to the same author *amber* has its origin from an extinct species of pine, *Pinus succinifer*.

Locomotion in the Cryptogamia.—According to Link, the *sporidial tubes* of Limboria sticta (Acharius) evinced a progressive animal-like motion in specimens that had been preserved thirty years.

Kolliker on Spermatic Animalcules.—1. In the seminal fluid of all animals, with but few exceptions, are to be found moving objects, the seminal filaments (so called seminal animalcules.)

2. The seminal filaments are the essential portions of the fluid.

3. These filaments are only to be found in their fully developed state in the fluid of those animals which are capable of fruitful coition, in those which procreate periodically only at the time of heat. They are not to be found in very young or old animals, nor in hybrids.

4. In order that connection should be fruitful, the fluid, that is the seminal filament, must come into direct communication with the ovulum.

5. The filaments are developed out of or in cells. *Type A*, Each filament arises from a special cell, by the increased growth of whose wall or walls it passes into an elongated or filamentous condition. *Type B*, Out of each cell formed in the testicle springs a bundle of seminal filaments. *Type C*, The seminal filaments are developed in crowds within large cells, probably in an analogous manner to the generation of the primitive muscular fibres. *Type D*, Each filament arises within a

special cell. *Type E*, The filaments are formed in bundles from minute granular cells, these cells becoming dissolved, as it were, into each other, and assuming a delicate filamentous form.

6. The forms of these filaments, thus differently generated, have but a narrow differential limit, in spite of the mere variations to be observed. Almost always they are the same through the whole genus, generally so through the family and class, or at least very similar. Each species has only one form.

7. In the seminal filaments no animal organization or propagation has been satisfactorily proved.

8. The motion of the filaments is distinguished from animal locomotion by its uniformity.

9. Their motion is in immediate connection with the procreative power of the semen, &c., &c.

In the 11th Vol. of the Nov. Act. Acad. C. L. Natur. Curios. 1839, there is a paper by G. Valentin on the Spermatozoa of the Bear, in which the question of the organization, and consequently of the truly animal nature of the seminal animalcules of this creature seems settled.—*Appendix to Willis's Wagner's Physiology.*

On the Capillary Vessels.—The most delicate vessels discoverable in the human body, are finer than the diameter of a *blood-globule*, and measure from 1-600 to 1-800th of a line. Weber found the diameter of the smallest vessels in dry preparations, from 1-300 to 1-500th. Krause states the finest vessels of the *choroid* to measure 1-801; of the *retina* 1-540; of the muscular coat of the small intestines 1-740; of the *tibialis muscles* 1-1110 parts of a line. The above accord generally with the measurements given by Valentin and Berres.—*Wagner über Ernährung und Absonderung.*

On the Microscopic Analysis of Chyle and Lymph.—Chyle and lymph consist, like the blood, of minute granules contained in a homogeneous fluid. The former are very similar to one form of the globules occurring in blood. They appear to consist of an aggregation of molecules formed around a nucleolus, which can be rendered apparent by *acetic acid.* It is by no means uncommon to observe the appearance of a case or covering around the chyle-globules, and sometimes also the transitional state of the lymph-globules into blood-globules, as the primitive circular form takes on an elongated oval one. We are therefore to look upon the lymph-globules as the free *nuclei* of the globules of the blood. Chyle and lymph may be easily got in sufficient quantity for microscopical examination, by pressing the cut surfaces of turgescent mesenteric or lymphatic glands upon a plate of glass, should the quantity of fluid not be sufficient to run out of its own accord. It is true, that some blood-globules and epithelial cells of the vessels will be mixed with it; but a little practice and attention will enable the observer readily to distinguish them. Should the chyle and lymph, however, be wanted quite pure, the former must be at once obtained from the thoracic duct, and the latter from the lymphatic vessels.—*Wagner uber Ernährung und Absonderung.*

Müller on a Parasitic Formation in the Pike.—In the cellular tissue of the substance of the *sclerotic*, and between it and the *choroid*, minute cysts, with very delicate parietes, containing a whitish substance composed of very minute granules, and endowed with motion, were seen; as also motionless Spermatozoa-like bodies apparently possessed of a head and tail. The tail was filamentous, like that of seminal animalcules, and in some cases bifurcated.

Müller on Diplostomum rachineum.—According to Müller, *Diplostomum rachineum* is to be found alive under the cerebral membranes of *Petromyzon fluviatilis.—Neurologie der Myxinoiden.*

Devergie on the Importance of a Microscopic Examination of the Milk of Wet-Nurses.—Although M. Donné has given much insight into the structure of the milk-globule, it has remained for M. Devergie to explain further the pathological and nutritious character of the various sized globules so frequently seen and described. In his very interesting paper inserted in the Bulletin de l'Academie Royale de Medicine de Paris, 30 Nov., 1841, p. 201, he arrives, after considerable experience, at the following conclusions:—1. That the globules are generally of greater dimensions in the richest than in the poorest kinds of milk. 2. That the globules augment in volume from the period of confinement until a certain period of lactation; for example—there are more globules of the one-hundredth of a millimetre at three months, than in the same milk at fifteen days. Again, M. Devergie has placed beyond all doubt the essential nutritive qualities of milk with large globules, and that by continual observations made on nurses and children; that is to say, by comparing the bulk and strength of children with the microscopic qualities afforded by the milk of the nurse, and also by comparing the milk, and general state of strength and health of the nurse.

The report made to the Academy, as given in the work above cited, is well deserving the attention of medical men and others engaged in the selection of wet-nurses, as there are arguments certainly in favour of the use of the microscope in this important branch of inquiry; thus—supposing two children are born, the one feeble and delicate, the other subject to gastro-intestinal irritation; by the assistance of the microscope, it would be easy to select a milk of greater strength for the former, and one of a weaker character for the latter.

Both Devergie and Donné agree, that the milk-globules average from the 1-500th to the 1-100th of a millimetre in diameter; that there exist even some larger, and others smaller. Ordinary nurses have for the most part milk-globules, which average between the two extremes of measurement; their average in the cases observed by M. Devergie appears to be 61 in 100. Nurses with small globules have been found in the proportion of 22 in 100; their milk was in general poor, and incapable of acquiring richness on the return of lactation.

M. Devergie does not, however, in every case, conclude that the health of children is in direct relation with the size and numbers of these globules, but that nutrition is not affected in relation to the strength of the milk, but according to the powers of *assimilation* possessed by the infant. The whole paper is well deserving of attentive perusal. According to M. Delens, the increase of the milk-globules up to a certain period, their difference of volume, and their aspect, denote a veritable organization.

It is necessary before all things, that this question of organization be determined. Chevreul, Dujardin, and Mandl, deny it to a certain extent. The different size of the globules may depend on the degree of liquidity of the serum in which they swim, or on the degree of consistency of the fatty matter of which the globules are composed, &c.

These different circumstances may give rise to little drops, as it were, of greater or less volume (the globules) swimming in the serum, &c.—*Archives Generales de Medicine*, 1841.

Gaddi on the Extreme Ramifications of the Minute Arteries and Veins in the Coats of the Intestines.—Dr. Gaddi, of Modena, has instituted some researches on the mode of termination of the arteries and origin of the veins in the coats of the intestines, by injecting pure water coloured with cinnabar for the arteries, and indigo for the veins, in children from two to five years of age, unaffected by an intestinal disorder.

The arteries were filled by a general injection from one of the carotids, the current being directed towards the heart; the veins from one of the mesenteric. When the injection was successful, Dr. Gaddi has constantly observed, that the trunks of the intestinal arteries were guided by the peritoneal duplicature to the external layer of the muscular coat of the intestinal tube; they turn around this tonic and penetrate it, dividing into an infinite number of anastomotic arches, more and more delicate, which traverse the second muscular coat to arrive at the submucous cellular tissue. There they all terminate in a thick tuft of almost imperceptible arterioles, not one of which ever penetrates into the mucous membrane, or terminates by a free orifice. The veins, on the contrary, always arise on the free surface of the mucous membrane, by three or at least four veinules, which in most cases have a visible funnel-like orifice, and immediately after penetrating the substance of the membrane, they converge together and unite in the submucous tissue, in a vesicle from which a very fine venous trunk arises, which latter soon associates with the trunk of the artery, passes with it to the muscular layers, where it divides; reunites into trunks of larger and larger size; and, lastly, leaves the intestinal walls, and passes between the folds of the peritoneum.

The tuft of very remote arterial ramusculi just described, envelopes the venous vesicle ["in a sort of atmosphere,"] so that it is there that the artery discharges itself. The vesicle is the point where the arterial takes the character of venous blood, and it is also the point which puts the two systems in communication, as Dr. Gaddi was assured in the rare cases where the arterial injection penetrated to the venous trunks, to the vesicle, to the branches, and even into the cavity of the intestines. On removing and examining with the greatest care the mucous membrane alone, he has never seen an artery nor venous vesicle, but only the venous radicles in radii. This vascular disposition is constant throughout the whole length of the intestinal tube, from the cardia to the rectum; but it offers some varieties: thus the mucous membrane of the stomach is better provided with venous radicles, especially towards the pylorus, than that of the duodenum; and they always diminish in number towards the rectum, the quantity being much less in the larger than in the small intestines.

It follows, therefore, that the generally admitted opinion of anatomists, that the arteries and veins communicate by means of an intermediate capillary system, is not correct as regards the intestines; that intestinal absorption is sufficiently explained by the capillary attraction of the venous tubes; that this anatomical disposition accounts for the rapidity with which certain substances penetrate into the circulating system, and which could not take place through the long circle of chyliferous lymphatics; and, lastly, it also explains the occurrence of hæmatemesis and malæna, which are nothing more than venous hæmorrhages of the gastro-intestinal mucous membrane. —*Micros. Journal.*

Paris Academy of Sciences.—Messrs. Lerres and Doyère presented a memoir on February 21, on the colouring of living bones by madder, and inferred that the colouring penetrated to so small a depth, that the physiological value of the fact was small; and, that the colouring was but the ordinary process of dyeing the bones. M. Muttenci announced that he had reproduced the celebrated experiment of Galvani. By putting the nerves and muscles of a living animal in communication wtih each other, he produced an electric current, which may be multiplied by an arrangement similar to the voltaic pile. M. Arago announced that the idea of making indelible ink was abandoned, and that the efforts of scientific men were now confined to the making of *safety* paper. The government reward of 36,000 francs is to be given to the successful inventor of either.

Westminster Hospital Medical School.—It is proposed by the Medical Committee of this Hospital to give a complete course of lectures on surgery, practical anatomy, physiology, and medicine, besides the usual lectures given in the summer, so as to enable those gentlemen who purpose going up to the College before October to complete the studies. A prospectus is in preparation.

Dr. Grant, of Edinburgh, described in the *Bombay Times* as "a meritorious officer in the Bombay service," has perished "in medical charge at Kohistan," having fallen at the outset of the Affghan insurrection. In India, his character and services, both as a medical officer and political agent, were highly approved, and he died sincerely lamented by all who knew him.

TO CORRESPONDENTS.

Observer *makes some remarks on Mr. Liston's ease, insisting that as the sae contained laminated clots, there could not possibly have been a* recent *communieation between the pulsating abscess and the artery, as asserted by Mr. Liston. He dwells partieularly on the faet of the tumour occurring at the bifureation of the earotid artery, and calling Mr. Liston's explanation of the non-appearanee of pus when punetured "an impudently eool piece of nonsense," deelares that "if any further proof of the Professor's strength of nerve or power of impudenee was wanting, it is abundantly furnished in his coming forward before seientifie men with sueh a barefaeed attempt to hateh up so notorious an off-hand blunder." Our eorrespondent writes at some length, but with an asperity, as our readers will see from the above samples, that preeludes insertion. We have no objeetion that Mr. Liston's proeedure should be eanvassed, the less, perhaps, beeause he has himself eourted inquiry, but we think it due to him, to ourselves, and above all to seience, that any eontroversy on the matter should be earried on with moderation, without personal feeling, and with some view of dedueing from it, if possible, useful praetieal results. If* Observer *give us his name in eonfidenee, and somewhat temper his observations, we shall be happy to lay them before the publie, otherwise we shall eertainly deeline.*

Surely Verax *eannot be in earnest. The foree of publie opinion, he says, even now eompels people to take the otherwise unneeessary diploma of the College of Surgeons. Does he remember how many persons praetising as surgeons know nothing of a college save by hearsay? Proteetion, indeed! Will* Verax *tell us what notion he can eonneet with the negation of proteetion? It must surely be something less than nothing.*

H. W., A Subscriber, A Thorough Whig, A Union Working Doctor, A Country Practitioner, Medicus, A Naval Surgeon, A Poor Gentleman, A Peninsular, A Coroner, Dr. S., Manchester—*we have reeeived letters from the above on the subjeet of the Income Tax, and as we are quite incapable of doing them justiee in our eolumns, we have taken the liberty of forwarding the greater portion, with a note of our own, to Sir Robert Peel. With the immense superabundanee of medical men proportionately to the demand, and the grinding down of ineomes by the Poor-Law Amendment Act, we eannot but believe that an income tax of three per eent. would be the death-blow to the respeetability and happiness of thousands of our working praetitioners. We know no elass on whom,* from peculiar circumstances, *its pressure would be even distantly so erushing. In saying this, we trust we shall not be thought to be influeneed by any party feeling. Nothing eertainly ean be more remote from our minds.*

We are getting on bravely with the preparation of our empirieal list. Gentlemen in every part of the Country have forwarded, or promised to forward distriet eatalogues of the unqualified; and we are eertified that we shall be able to give the great desideratum—a complete list for England. At the same time we regret to have to state, that many full parochial or distriet lists have been sent to us without any authentieation. We need not say that it is perfeetly impossible that we ean use them in their present state. We are not unwilling to expose ourselves to the serious risks of that vague something, called the Law of Libel, in the pursuit of a great public good; but we eannot eonsent to add to such risks, the to us worse risk of doing injustiee to perhaps innoeent gentlemen, at the instigation of anonymous informants Our eorrespondents' names will be reeeived, of course, in eonfidenee, but without sueh voueher-ship to authorize us, we must eertainly deeline noticing their information. Unqualified praetice is a serious imputation, which affeets, or should affect, a man's moral eharaeter as grievously as any other charge of mischievous dishonesty, and we will not make it against any man, exeept on respectable authority.

A Subscriber *will proeure the Monthly Parts he requires at Messrs. Maelachlan and Stewart, Edinburgh.*

Communieations have been reeeived from Mr. Hawkins, Mr. Kirkby, Dr. J. B. Thompson, Mr. Sayle, Dr. Priee.

Mr. Braid.—*We regret that the extreme length of Mr. Braid's most interesting leeture preeludes our giving it insertion. We bind ourselves, however, to publish Mr. Herbert Mayo's letter to Mr. Braid in our next number.*

A Constant Reader.—*The Quarantine Laws will not be overlooked by us when they* really *come under revision.*

To all the numerous gentlemen who have kindly sent us lists, we tender our warmest aeknowledgments.

NOTICE.

Influenced by the very remarkable support which has been showered upon us from all quarters with a constantly increasing flood, we have come to the resolution, that with the first number in April, commencing our sixth volume, the Medical Times SHALL BE PERMANENTLY ENLARGED. Increasing the paper one-third, we shall be enabled to make our Journal a complete *Medical Repertory*, the exponent of sound scientific progress and improvement in every quarter of the globe.

A number of attractive additions will be added concurrently with the enlargement, not the least important of which, it is presumed, will be a series of classical sketches of the more distinguished members of the profession.

Anxious to make the large circulation of the Medical Times—the largest it is now presumed of any of the Medical Journals—subserve to the ready expression of the mutual commercial wants of professional men, we have resolved that in future all advertisements in respect to medical situations, appointments, or the disposal of practices, shall appear at one-half our usual charges.

The price will be 4d. for plain copies, 5d. with a stamp.

If our readers would estimate the advantage we are thus offering the public, they have only to recollect that we are of the same size as the Medical Record, and give considerably more matter than either the Lancet or Gazette, *at precisely one-half the price.* While thus cheaper, and more copious, it will be our earnest study to be also better digested.

THE MEDICAL TIMES.

SATURDAY, MARCH 26, 1842.

And who would lay
His body in the city burial-place,
To be thrown up again by some rude sexton,
And yield its narrow house another tenant
Ere the moist flesh had mingled with the dust—
Ere the tenacious hair had left the scalp,
Exposed to insult lewd, and wantonness?

KIRKE WHITE.

ABOUT a fortnight since we found ourselves moving along the Strand. It was about an hour after noon, in full sunshine, and the street overflowed with a delighted crowd, busy in turning to account an unusually fine day. While gladdened with the freshened sensations inspired by the new-felt spring, we sailed down one of the living currents which, in opposite lines, were hastening on in the full tide of light, health, and gaiety, our eyes suddenly rested on a knot of shabbily-dressed persons standing in the small enceinte of St. Clement Danes, and unconcernedly occupied in lowering a newly-coffined corpse into a hole which was only not in the crowded street, because partitioned off by a thin iron paling. The contrast was striking. We inquired the explanation. They were giving a departed brother *christian* interment.

A few days later, chance took us the same way, and while occupied with the sickening remembrance of the previous scene, our eyes fell on a crowd collected, not on the side, but in the middle of the street. The part (so inquiry taught us) once formed a portion of the church-yard, and workmen employed making a sewer had exhumed, at a foot and a half below the surface, human remains in a state of putridity, and amongst them the head of a woman, the long hair attached, and still perfect. This time they were giving the departed—christian *dis*interment.

While reflecting on these startling facts even at this short distance, we are almost compelled to distrust the truthfulness of our memory. That such hideous scenes should be witnessed in the very midst of metropolitan life and activity, at the very hearth-place of commercial opulence, in the inmost shrine of the most perfect civilization and refinement, seems a moral improbability in which—it may be more fairly alleged than for the contested points of the philosopher—no amount of proofs can justify belief. There is so large a moral improbability of so anomalous a departure from the harmony of wise, social institutions, that no evidence of the senses ought, it almost seems, to outweigh it. We can only give credence to our senses by first giving the lie to all that has been said of our civilization, our social wisdom, and enlightened refinement.

Yet how small are the demands which these two instances of social deformity make on our credibility, compared to the claims we have tendered on it when considering the general state of metropolitan inhumation. Can the most imaginative of our readers conceive, that in the very midst of the most glorious and refined of cities, in one of its densest neighbourhoods, there is a building in which, of an upper and lower compartment, divided by a *boarded floor*, without lath or plaster, the lower part has been made, within a few years, the receptacle of nearly ten or twelve thousand human bodies, until they have reached the very ceiling, while the upper floor has been *sacredly* allocated to divine service and Sunday-school teaching? There *is*, however, such a building—Enon Chapel in Clement's Lane.

Can he imagine, in the crowded centre of the metropolis of the most enlightened of nations, that overshadowing one of its most crowded thoroughfares, there are two burying-grounds which, originally

below the level of the road, have been raised by successive strata of human putrefaction, to a level with the first floor windows which surround them, and where a shower of rain—it has been deposed*—would lay bare the very tops of the coffins? There *are*, however, such places in Drury Lane.

Can he suppose, that among a "church-loving people," almost two-thirds of the public places of worship rest on, are surrounded by, and studded with, human decomposition, and are but spacious charnel-houses and the stagnant tanks of an atmosphere laden with the putrid odours of pestilence and death? There *is*, however, that proportion of desecrations in London.

Can he think it possible that in a christian country, men should, in the face of a thick population, be daily occupied in splitting up coffins, hacking the green and festering remains of their occupants, and practising every beastly art that ingenuity can suggest to crowd the greatest possible number of corpses in the smallest possible space? Such things, however, *are* done daily, and in nearly all the grave-yards of London.

Can he conceive, that within a circuit of some five or six square miles, covered with a dense population of living millions, we should have 400 grand depots of the dead, where generations of human beings are packed, layer after layer, one on another, and rotting exhale into the lungs of the thronged multitudes of their survivors, all those essential principles of disease and death which make the difference between inert dry bones, and malignant human putrefaction? Such, however, *is* the state of things in the most polished and magnificent of European cities.

Can he fancy—to say all in one sentence—that a great people have a grand legal system in operation among them, forcing the dead into the active service of death—binding them down incessantly to disgust and horrify all that is delicate and beautiful in human feeling—to labour day and night in their narrow dungeons in the demoniacal work of eliminating poison and pestilence for the living? Yet such a system *does* obtain in the British inhumation of the dead.

Passing, till another day, the overpowering consideration of public health so closely involved in this question, let us here be allowed a few words on the influence of such hideous practices on the *feelings*. To a refined and cultivated mind, we know of no more shocking spectacle than that of the public exhibition of the mangled remains of the half decomposed dead. How opposed is it to that inborn feeling of respect for the departed, which is known even to the roaming savage of the prairie! How it jars with the sense of the beautiful! How it fights with all our best notions of what is decent, what is orderly, what is holy—with all the divine teachings of a refined and purifying philosophy! Our practice in these matters is surely a blot in the page of life—a disgusting anomaly in the system of civilised society. To habituate people to such scenes, is to uneducate, to uncivilize, to brutalize them. We may spend our annual tens of thousands in teaching children their letters, or the phrases which contain the mention of their duty—we may successfully carry literature and knowledge to the door of each poor man's family, but if we force on them an out-door education like this, practical and palpable, which dulls the native delicacy and freshness of their feelings, which obliterates the mysterious sense of a sacredness investing even the remains of humanity, and accustoms them only to the horrible and disgusting, our money and our labour are alike mis-spent, true education is as far removed from them as ever, and the only result of our benevolent activity is, that depraved and brutalized appetites have learned more extensive means of catering unpunished to their gratification.

We need not express the pleasure we feel on the appointment of a Committee of the House to inquire into the whole question of intramural sepulture. We expect from it great results. We know that already, thanks to the indefatigable exertions of Mr. George Walker—a surgeon who has eminently distinguished himself by the zeal and ability he has shown in rousing public opinion against these abominations—we know we say, that already evidence has been adduced which will tell with startling force on the people of this country. We trust that the Committee will be prompt in its movements, and remember that its business is less to inquire about nuisances which are notorious as the noon-day sun, than to suggest the immediate steps which should be taken for their utter removal. Committees of late have been much inclined to publish their evidence without giving a report. We trust that Mr. Mackinnon and the gentlemen who with him form the present Committee, will remember that in this case the whole importance of their sittings merges into their publishing a report. We can assure them the country with ourselves watches them with attention, and awaits the result with anxiety.

* See Mr. Walker's most useful Evidence before the House of Commons.

ON UTERINE HÆMORRHAGE SUBSEQUENT TO THE SIXTH MONTH OF UTERO-GESTATION.

By T. W. B. KIRKBY, M.R.C.S.L.

(Continued from page 293.)

THE TREATMENT is the most important part for our consideration, as the safety of the patient materially depends on the skill, judgment, and decision of the accoucheur. According to the degree in which the placenta presents, so will our treatment in some measure differ. If the placenta is completely situated over the os internum, we must act with caution, but decision, our object being to deliver as early as circumstances will admit.

Several cases are on record (at least twenty-one) in which the efforts of nature have proved sufficient to carry the woman safely through this dangerous presentation; but these cases must be looked upon as exceptions to the general rule, for all practical men agree that non-interference in an accoucheur would be highly culpable, and in the majority of cases death from the immense loss of blood would inevitably ensue. As the early delivery of the child by turning is in these cases our only resource, the question arises as to when this should take place, and what rules must guide us.

As long as the os uteri remains hard, rigid, and undilated, the introduction of the hand for turning is useless, or should the os uteri be but very slightly open, the attempt would be attended with extreme danger, and if persevered in would probably rupture the uterus.

Ingleby remarks, "we must be guided by the state of the uterus, for although it may be very little *dilated*, a disposition or capability of dilatation is early acquired; a moderate degree of opposition is to be wished for; by waiting until the os uteri is loose and flabby, or so far open as to offer no resistance to passing the hand, the chances of delivery being successful will be materially diminished."

When, however, the parts have become relaxed, moist, and the os uteri dilated to the size of half-a-crown, the introduction of the hand may be considered safe, and longer delay unadvisable.

The left arm and hand being greased, must be gently introduced in the direction of the axis of the vagina; the hand passed up between the border of the placenta and the os uteri, in that part where the attachment appears thinnest; the feet of the child must then be brought down, but unless the flooding be extreme, it will be better not to hasten the delivery of the head of the child too rapidly, as this allows time for a more perfect contraction of the uterus. Some authors advise us to perforate the centre of the placantal mass in these cases; but the method which I advocate is the least difficult, and attended with less loss of blood, as the arm performs the office of plugging the open mouths of the vessels after the hand has passed into the interior of the uterus.

Although when labour has commenced the hæmorrhage is seldom so profuse as to endanger life without causing relaxation of the os uteri, still this may happen when the parts remain rigid and undilated. Plugging the vagina is here of service, for although several objections have been urged against this being done, still I think it would prove advantageous in repressing hæmorrhage. Dr. Francis Ramsbottom, in his last work on midwifery, has appended a note, where he says, "Many cases have come under my notice where plugging the vagina under the placental presentations has restrained the flow of blood for a time; and should the attendant be diffident in his own opinion, and anxious to obtain the counsel of a friend, he may with great propriety have recourse to this measure in the interval that must elapse before assistance can arrive. But I would strongly advise every well-educated surgeon, if the bleeding be profuse, and the os uteri lax and dilatable, rather to undertake the delivery himself and alone, than send to any great distance for aid; because every hour's, not to say minute's delay, under such circumstances, increases the hazard of his patient, and because the delivery in itself is not very difficult." The same author also previously observes: "The plug I think should only be resorted to in the rigid unyielding condition of the os uteri, when the discharge is alarming and can be restrained in no other way, and when an attempt at delivery would endanger the structure of the organ."

Dr. Blundell says, he would not hesitate to plug, provided the os uteri were rigid and the gushing or draining appeared to require the remedy. Sir Charles Clarke, on the other hand, is adverse to the principle of the plug. This eminent man always delivers as early as possible, and never lost a patient in this presentation. After the delivery of the child, a short time should be allowed for the uterus to recover itself before the placenta is separated, but should the hæmorrhage continue, the placenta must be immediately removed.

If we are called to a patient with flooding before

the commencement of labour, and suspect this presentation, we must direct her to be kept quiet in the recumbent posture on a hard mattress; her room should be kept cool, and an anti-hæmorrhagic regimen enforced in case of a return of the flooding; application of cloths wet with vinegar and water should be applied to the vulva.

When the placenta is only partially situated over the os uteri, some authors strongly advocate the rupture of the membranes, so as to allow the liquor amnii to draw away, provided either the head, breech, or inferior extremities present, trusting that the fœtus in descending will produce a sufficient degree of pressure to stay the hæmorrhage. Should the hæmorrhage afterwards continue, and the patient become faint and the pulse weak, we must resort to turning.

ACCIDENTAL HÆMORRHAGE.—This form of hæmorrhage, although not so serious in its nature as the unavoidable, requires considerable vigilance and decision in its treatment.

The situation of the placental mass in these cases will vary, but Burns has remarked that it most frequently is found near the os uteri.

Blows, violent emotions of the mind, strong muscular exertion, may cause the partial separation of the placenta from the uterine surface. The profuseness of the hæmorrhage, and the degree of danger attending it, will depend on the size of the portion detached. The placenta may even adhere to the uterus at every point of its circumference, whilst it is loosened at its centre, so that a quantity of blood may be thus poured out into the space thus formed sufficient to endanger the life of the woman, without there being any hæmorrhage per vaginam. Ingleby says, blood to the amount of two pounds may be effused in this way. The anti-hæmorrhagic treatment must be followed in these cases of hæmorrhage before the commencement of labour; but after the dilatation of the os uteri has commenced, the early evacuation of the liquor amnii by rupturing the membranes will be advisable. The uterus thus contracts on its contents, the size of the vessels of the placenta are diminished, and are compressed against the parietes of the uterus, and the flooding consequently lessened; should the discharge still continue unabated, and the contractile efforts of the uterus remain weak and inefficient, the delivery of the child by turning must be resorted to.

Should symptoms of rapid sinking occur, so as to lead us to suspect detachment of the central portion of the placenta only, unattended with external hæmorrhage, the immediate introduction of the hand and delivery of the child can alone ensure the safety of the patient.

ANIMAL MAGNETISM.

To the Editor of the 'Medical Times.'

SIR,—According to promise, I send you a report of my last lecture, which is both copious and very correct, and is quite at your service. Several important facts are referred to, both as to the causes of certain phenomena and practical results of this agency when applied as I recommend.

The supposed power of seeing with other parts of the body than the eyes, I consider, is a misnomer, so far as I have yet personally witnessed. It is quite certain, however, that patients can tell the shape of what is held at an inch, or an inch and a half from the skin, on the back of the neck, crown of the head, arm, or hand, or other parts of the body, but it is from *feeling* they do so; the extremely exalted sensibility of the skin enabling them to discern the shape of the object so presented, from its tendency to emit or absorb caloric. This, however, is not *sight*, but *feeling*. In like manner I have satisfied myself and others, that patients are drawn, or induced to obey the motions of the operator, not from any peculiar inherent magnetic power in him, but from their exalted state of feeling enabling them to discern the currents of air, which they advance to, or retire from, according to their direction. This I clearly proved to-day to be the case, and that a patient could feel and obey the motion of a glass funnel passed through the air at a distance of *fifteen feet*. To remove all sources of fallacy, as to the extent of influence exercised by the patient herself, independently of any personal or mental influence on my part, whilst I was otherwise engaged, my daughter requested the patient to go into a room by herself, and when alone, try whether she could hypnotise herself. In a short time I was told the patient was found fast asleep on a chair in my drawing-room. I went to her, bandaged her eyes, and then, with the glass funnel, elevated, or drew up her arms, and then her whole body. I now retired fifteen feet from her, and found every time I drew the funnel towards me, she approached nearer me, but when it was forced from me sharply, she invariably retired; and if it was moved laterally, she moved to the right or left accordingly. I now continued drawing the funnel so as to keep up the currents towards the door, and in this way, her arms being extended, and eyes bandaged, she followed me down stairs and up again—a flight of twenty-two steps—with the peculiar characteristic caution of the somnambulist. After arriving at the top of the stair, I allowed her to stand a little, and again began the drawing motion. She evidently felt the motion, and attempted to come, but could not. I now endeavoured to lead her by the hand, but found *the legs had become cataleptiform, so that she could not move.* I carried her into the drawing-room, and after being seated on a chair awoke her. She was quite unconscious of what had happened, and could not be made to believe she had been down stairs—said she was sure she could have done no such thing without falling—and to this moment believes we were only hoaxing her, by saying she had had such a ramble.

I had repeated this experiment with this patient and others before, with the same result in all respects but walking up and down stairs; and proved their readiness to be drawn by others equally as myself when in that state, so that I consider it quite evident to any unprejudiced person, that a patient can hypnotise himself independently of any personal influence of another; and that it is by extreme sensibility of the skin, and docility of the patients, they are drawn after an operator, rather than by magnetic attraction; and that the power of discriminating objects held near the skin in different parts of the body, is the result of *feeling*, and not of *sight*.

I have been thus particular in noticing these points, because they may tend to remove the prejudice which must ever prevail against the introduction of this as a curative agency, whilst invested with so much mystery. The moment I witnessed the attempts of a celebrated professor to *draw a patient*, I formed my opinion of the *cause*, that it arose from the currents of air produced by his hand, with the extreme sensibility of the skin, and docility of the patients when in that state; and my experiments have clearly proved this, *the patients acknowledging the fact.*—I have the honour to be, Sir, your very obedient servant,

JAMES BRAID.

3, St. Peter's Square, Manchester, March 17, 1842.

P.S.—It may be interesting to remark, that whilst passing up and down the stairs the door-bell rang, which produced such a tremor through the whole frame, as nearly to have caused the patient to fall—a fact quite in accordance with the effect of any abrupt voice on natural somnambulists.

J. B.

ERRATA IN MR. BRAID'S LETTER, PAGE 283.

In the fourth line, for "converzationi," read "conversazione." Fourth line from bottom of 2nd column, for "these," read "the."

At line 17, of 3rd column, after the word "nature," add, "the patient rather favouring than resisting the feeling of stupor he will soon experience creeping over him."

At the fifth line from the bottom of second paragraph, for "the follies which have," read "the fallacy which has."

After the last word of the ninth line of the third paragraph of same column, add, "you from;" and in the concluding sentence of the P.S., for "effort have been induced," read "effect have been produced."

THE STUDENTS' NOTE-BOOK.—FASCICULUS VIII.

By ANATOMICUS.

DISEASES OF THE EYE—(CONTINUED.)

Ectropion.—Eversion of the eyelid occasionally occurs in cases of the purulent and gonorrhœal opthalmiæ, from the congested and swollen state of the conjunctiva of the palpebræ. The lower lid is most generally affected with this disease. When allowed to continue without any attempt at reduction, the integuments and the tarsus act like a ligature on the protruded membrane. The conjunctiva becomes red and thickened, and at length is converted into a hard callous substance; the flow of tears falls over the cheek and excoriates it, as the puncta are obstructed. If ordinary pressure be insufficient to restore the eyelid to its proper position, scarifications should be employed so as to lessen the size of the tumour, and then, for the reduction of the upper lid, traction should be made on the tarsus downwards and backwards. If the eversion cannot be controlled by these measures, a slip of the diseased conjunctiva should be removed by means of a hook, or hooked forceps, and a pair of scissors. This disease may proceed from various causes, which considerably influence its treatment; it may be either a permanent, or only a temporary deformity; the causes of ectropion are acute inflammation of the conjunctiva. When ectropion attacks the upper lid it is accidental.

Treatment.—When the inflammation is not very acute, the lid is to be kept from quitting its natural position by a compress and roller; when scarifications fail to prevent the eversion we may cut away a portion of the swollen conjunctiva, the bleeding which follows proves of service afterwards; strips of plaster from the upper to the lower lid, and compress and bandage, will prevent the return of displacement. When the disease proceeds from relaxation of the lower lid in old persons, in consequence of chronic inflammation of the conjunctiva and meibomian glands, the treatment should consist in cutting away a portion of the conjunctiva, and touching the part with nit. argenti., vel sulph., cupri., &c. When the disease proceeds from excoriation of the lid and cheek, in consequence of long-continued ophthalmic tarsi or lippitudo, Mr. Lawrence uses the ung. hydr. nitric. oxyd.; that gentleman has also used scarifications, and afterwards applied the nitr. argenti., also removing portions of the conjunctiva, or cutting out a V shaped piece of the cartilage. Should the disease arise from contraction of a cicatrix, the consequence of an abscess, an ulcer, a wound, or a burn, the removal of a fold of the conjunctiva will be sufficient; in other cases the cicatrix must be divided in order to loosen the lid from its unnatural position; and to remove the morbid elongation of the lid from one canthus to the other, a V shaped portion of the cartilage must be excised, the edges of the wound are then brought together. Dr. M'Kenzie recommends a piece to be cut out at the temporal extremity of the eyelid, as it causes a less apparent scar, and less interruption to the motions of the eyelid.

Entropion, or inversion of the eyelids, is mostly seen in old persons, in whom the skin is loose and redundant, destitute of a proper elasticity, and thrown into folds. Inversion may be either temporary or permanent, the former affecting the lower lid. The tarsus, which, in cases of some duration, is completely inverted, so that the cilia cannot be seen, is not altered in form, nor diseased in structure. In temporary inversion, the lid becomes inverted in consequence of a spasmodic action of the orbicular muscle, the eyelid being thus forced inwards. This may be remedied by putting a small compress against the lower lid, and retaining it there

by plaster placed transversely over it. Permanent inversion may be cured by cutting an elliptical fold of the integuments near the tarsus. First take up a portion with the entropion forceps, and observe that you hold sufficient to bring the eyelid into its right position, if so, cut it off with a curved pair of scissors, and unite the edges of the wound with one or two sutures. Another mode is producing a contraction by applying across its central part a little sulphuric acid, by means of a thin piece of wood dipped in it; this is to be rubbed on an oval space, a little longer than the extent of the inversion; three or four applications will generally suffice. Cleanliness and attention to diet are of great importance. When an alteration takes place in the shape of the cartilages, the plan is to make two perpendicular incisions in the broad margin of the tarsus, at the sides of the inverted part, and then making a transverse cut through the lining of the eyelid from one extremity of the perpendicular incisions to the other; then put the cartilage in its right position, and retain it with sticking-plaster.

Lagophthalmos is shortening of the eyelids, so that they cannot cover the eye, but leave it exposed to the light, dust, &c., and may be caused by burns or abscesses occurring between the conjunctiva and the orbit, or from caries of the adjacent bones. It may also depend on palsy of the orbicularis palpebræ superioris which, not being antagonized. keeps the upper eyelid constantly retracted. The palsied muscle may be treated in the same manner as the paralytic levator in cases of ptosis; and Dr. M'Kenzie suggests that an operation, similar to that for ectropion caused by a burn, may be useful in the other instances.

Anchyloblepharon and Symblepharon.—The first of these diseased states, union of the edges of the eyelids to each other, either directly, or by the medium of a pseudo-membrane, may occur alone, or in conjunction with the second, or union of the eyelids to the ball of the eye. The latter disease is not necessarily complicated with anchyloblepharon. The union, thus named, may be either partial or complete; but neither can take place unless preceded by ulceration, as the conjunctiva is a mucous membrane, and incapable of undergoing the adhesive process without a previous breach of surface. The causes of this unnatural union will be found to be injuries arising from burns, the action of escharotics, or from ophthalmia, inducing excoriation or ulceration of the edges of the eyelids, or of the conjunctiva. If in cases of anchyloblepharon a blunt probe passed in at the inner canthus meets with little or no obstruction, and can traverse completely over the organ, the patient can move his eye freely about, (the eyelids being raised by an assistant,) and can distinguish the various gradations of light, we may conclude that the case is not complicated with union of the eyelids to the ball of the eye, and that the cornea is clear. In such a case, an operation for dividing the attachment of the eyelids would be decidedly advisable. If there is reason to suppose from the symptoms that symblepharon exists, or that the eye is so much injured that vision is lost, there then cannot be any advantage derived from the performance of the operation, as it would be only bringing to light an useless organ. If the eyelids are united directly, and not by the medium of a pseudo-membrane, and are without any opening by which a director can be passed in, the upper and lower lids must be lifted up, so as to form a perpendicular fold raised from the eye-ball; you will make a small incision in this in the course of the natural opening, so that a director may be passed in, and the adherent parts divided on it. If a pseudo-membrane exists when the eyelids have been separated, the remains of the membrane should be carefully removed by the scissors. The operation itself does but little for the cure of the patient; everything depends on preventing fresh adhesions forming between the eyelids in the course of the after-treatment. In order to do this the more effectually, the operation should be always performed early in the morning, and the patient should refrain from sleep as long as possible, and when at last overcome by it, a friend should every now and then open the eye, and keep the eyelids apart for awhile. The organ itself should be kept, if possible, in a state of perpetual motion, and the edges of the eyelids, besides being smeared with a mild ointment from time to time, should be touched every day with nitras argenti, to prevent granulation taking place.

(To be continued.)

EXTRACTS FROM FOREIGN JOURNALS.

[For the Medical Times.]

HOTEL DIEU.—M. CHOMEL.

Abscess of the Parenchyma of the Liver. No diagnosis in consequence of the obscurity of the symptoms.—There is in hospital a female, age 35, feeble constitution, subject to headache. The 14th ult. was seized with general uneasiness, intense headache, repeated vomiting; secretion of urine ceased, and four days she experienced no desire to evacuate that secretion; for a short time has lost her sight. There was dorsal decubitus, extreme debility, and was considered to labour under typhus fever.

Patient was ill for ten days when she came under our care; the symptoms then were as follows:—Mouth foul, lips covered with a brown coat, and the seat of an herpetic eruption, a patch of which existed in left axilla, which was considered referrable to the genus zona. Skin cold, hands blue, pulse small and wretched, and she presented somewhat of a chlorotic aspect; abdomen, however, scarcely tense, hardly more sonorous than natural, and no petechiæ. The prostration was considerable, and indicated serious disease, the nature of which, however, it was difficult if not impossible to determine.

After some days the foregoing symptoms continued, and the herpes had become crusted; the eyes hollow, the breath cold, the pulse very weak, 120. Vomiting had not returned, but diarrhœa had set in. The urine was passed in very small quantity, and high coloured; no gargouillement or tumefaction of the abdomen; no epistaxis; headache not intense.

These symptoms showed nothing characteristic. If the condition, at first sight, excited a suspicion of the existence of typhus fever, the absence of the symptoms peculiar to that affection rejected that idea. We could not regard the case as one of gastro-enteritis, because of the vomiting and diarrhœa, and did not find in the condition of the abdomen, or in the intensity of the diarrhœa, a sufficient explanation of the formidable disorders that affect the entire economy. Some greenish flakes, ordinary symptoms of intestinal inflammation, were found in the fæces; but it was rational to suppose that this inflammation was merely symptomatic of some more serious affection.

What was then the affection? The scanty excretion and red colour of the urine, which contains no albumen, was calculated to draw attention to the kidneys, and to excite a suspicion of the existence of nephritis, of which the vomiting was symptomatic. Such a conjecture derived some countenance from the supervention of œdema of the abdomen and lower extremities, which œdema augmented gradually.

Again, this latter symptom, coupled with the feebleness of the pulse from the commencement of the disease, was calculated to excite a suspicion, that disease of the heart existed; and though auscultation failed to detect any disease of that organ, it might yet be feared that coagula or false membranes were formed in its cavities.

Amidst all these probabilities we were unable to form any determinate opinion, and the patient having finally died, the *post-mortem* examination at length revealed the true cause of all the mischief, a cause which it was impossible to discover during life. In the very substance of the liver there was an abscess, about the size of a hen's egg, situated at the upper part of the great lobe, in the vicinity of the vena cava and vena porta, into which vessels the pus of the abscess had escaped. The parenchyma of the liver surrounding the abscess was coated with a false membrane.

The situation of the abscess perfectly explains the non-detection. Being remote from the gall-bladder and biliary vessels, it could not compress or disturb the functions of these vessels. It could not be discovered by the touch, and the patient had never complained of pain in the right hypochondrium. The phenomena observed during life were also readily explained. They were precisely those which should supervene when the pus began to be poured into the veins in the vicinity of the abscess.

This case, observed M. Chomel, was very curious, both because of the impossibility of detecting its real nature during life, and because of its rarity. We find indeed, in the memoirs of the Royal Academy of Surgery, some cases of abscess of the liver; but in many instances abscesses developed between the liver and the neighbouring parts, or in the falciform ligament, have been mistaken for abscesses of the parenchyma of the liver. Such at least was the impression left upon his mind by the perusal of these cases; and he regarded abscess of the parenchyma of the liver as an excessively rare occurrence, at least in these climates. He excepted of course those caused by the purulent infection consequent on phlebitis. Hitherto, added M. Chomel, I have seen but two authentic cases of abscess in the proper structure of the liver.—*Gazette des Hopitaux.*

ACADEMY OF MEDICINE.

Observation on a case of poisoning by the Deutochloride of Mercury. By Dr. Vautier.—CASE.—G., aged 68 years, of a tolerable constitution, had for 36 years followed the trade of a printer, when two years since he was thrown entirely out of employment. For some time, he had at various periods manifested the desire of attempting his life, but his parents had always succeeded in diverting him from his project, when, on the 20th of last November, being alone, he resolved to poison himself. With this view he took nearly half a drachm of the deutochloride of mercury. His parents returning half an hour after, G. complained of an acute smarting in the throat, and of a burning pain in the stomach; he was then taken with vomiting. Being pressed by his parents, who were very uneasy at his condition, he confessed that he had poisoned himself. They immediately hastened to me, and on my arrival I found the patient in the following condition: the face was extremely pallid; the features drawn up, expressing anxiety and pain; the limbs cold and agitated, with almost continual trembling; the pulse small, wiry, and intermittent. The patient often changed his position, and complained of acute pain in the throat and stomach. The vomited matter consisted of a whitish ropy fluid, containing albumen and particles of fruit.

I closely questioned the patient to ascertain what poison he had taken, but could not obtain

an answer. I wished him to drink hot water; he at first refused, but having threatened to introduce a tube by the nares, he yielded. When he had swallowed two glasses of water, I introduced a finger into his mouth, which immediately gave rise to repeated vomitings, in which the patient rejected a large quantity of colourless fluid, but having an albuminous appearance. Immediately that the vomiting ceased, I caused him to swallow anew two glasses of water, which he rejected immediately. I made him swallow in this manner four pints of tepid water in an hour; each time on his taking two glassfuls he vomited immediately. Desiring to ascertain what poison it was that he had taken, I subjected the vomited matter to some chemical re-agents; I obtained a white precipitate by the *nitrate of silver* and a reddish yellow precipitate by *potassa*. These characters combined with the symptoms which I had observed, induced me to think that it was the deutochloride of mercury. I again questioned the patient, who ultimately acknowledged that he had taken a piece of corrosive sublimate of the size of a nut, which he had pounded and enclosed in a ripe pair. I mixed the whites of six eggs with a pint of water, and made the patient take four glassfuls. The two first were rejected, but he retained the other two without difficulty. Thinking that the whole of the poison must have been thrown up in the numerous vomitings which he had had, and the patient being also in a state of extreme exhaustion, I did not think it proper to proceed any further with this treatment, but left him quiet, merely prescribing some strong barley-water to be given throughout the day. At night the pulse was 75, and had regained a little more power. The face was still pale, but the features were less contracted; the pain in the throat had diminished a little, in the stomach it was still very acute. I ordered him to continue the barley-water, and to put a cataplasm on the epigastic region.

On the 21st, the paleness of the face had disappeared, the features had resumed their natural expression. The pulse, full and soft, was 72 in the minute. The pain in the throat was less acute; that in the stomach had not remarkably diminished. The tongue was covered with a thick, greyish coat. Treatment continued; dieted.

On the 22nd, the pain in the throat still lessened, that in the stomach also less acute; pulse 70 and soft. Treatment continued.

23rd. The state of the patient continued improving; he was allowed soup.

24th. The food had been well borne, and had occasioned neither vomiting nor nausea; the pain in the stomach still diminishing. From this period, the patient went on improving. On the 30th of November, ten days after his taking the poison, the pain in the stomach had almost entirely disappeared, and G. had nearly returned to his usual diet. He is now perfectly cured.

This case is interesting from the slight effects produced by so enormous a dose of the sublimate as half a drachm, while three or four grains are sufficient for causing the most grave lesions, and even death. This favourable result was no doubt owing to the form in which it was taken; for on the powder being taken into the stomach, the coats of this organ become cauterized by the particles coming into contract with it; this acute irritation causes the stomach to contract, and the poison is in great part rejected before absorption can take place. The subsequent vomitings achieve the rest. The case no doubt would have been far different had the poison been in solution.

Re-union of two fingers which had been entirely separated from the hand, and each of which had been divided into two portions. By M. Della Fanteria.—CASE.—A girl, between 14 and 15 years of age, was engaged with some other person in domestic labour, when her companion accidentally let a knife fall which divided two of her fingers below the first phalanx. M. D. Fanteria, who was called soon afterwards, found the two portions of the fingers on the floor, upon which the patient's hand was placed at the moment of the accident. He also discovered to his surprise that each of these two portions was divided into two others. Still he made up his mind to attempt their reunion, and after applying the portions together, he maintained them *in situ* by means of the suture and agglutinative bandages. In the course of a few days the adhesion between the different portions was completed, and the patient now enjoys the free exercise of her fingers.

On Trichiasis or Inversion of the Eyelashes. By M. Alessi.—Inversion of the eyelashes may, according to M. Alessi, result from three very different lesions, of perfectly distinct characters, and requiring different modes of treatment.

The first form is that owing to relaxation of the skin of the eyelids, and is most commonly caused by chronic ophthalmia. In this species he considers cauterization as the best remedial means.

The second variety is produced by deviation of the ciliary bulbs. M. Alessi thinks that this form most commonly proceeds from superficial abscesses or pustules developed along the edge of the tarsal cartilage, which by their cicatrization produce a change in the direction of the bulbs. The remedy which he prefers in these cases is excision of the edge of the eyelid, as well as of the ciliary bulbs. A precaution which should never be lost sight of in these cases is, that where both lids of the same eye are diseased, we should merely operate on one at a time, lest during sleep a commencement of union should take place between the two, the separation of which would give rise to great pain.

Lastly, inversion of the *cilia* may be caused by shortening of the tarsal cartilage. After suppuration of the *Meibomian* glands, the tarsal cartilage often becomes softened and incapable of preserving its natural curve, so that the lashes are turned inwards towards the globe of the eye. This disease may become perpetuated from induration of the cartilage, either by simple engorgement or by calcareous deposit. To remedy this cause of inversion, M. Alessi proposes the following operation: seizing with a forceps the edge of the diseased eyelid, he makes a transverse incision of the integuments above the tarsal cartilage; then, with a small bistoury, he dissects the upper edge of this wound for some considerable extent, varying according to the degree of the disease. This detached portion of skin is then removed with a pair of scissors. A transverse incision is then made from within outwards, and from above downwards, dividing the conjunctiva on the inner surface of the eyelid. The operation is terminated by uniting the two lips of the cutaneous incision by means of a few points of suture; thus drawing outwards into its natural direction the tarsal cartilage which has already been separated from its connexions with the conjunctiva.

This is, however, a very similar operation to the one adopted by Guthrie and Crampton for the cure of this troublesome disease.

MEDICAL MEMS. OF THE WEEK.

BY PERISCOPICUS.

Sir Benjamin Brodie is disposed to question the utility of the infusion of buchu in affections of the bladder, but has seen it prove very beneficial in diseased kidneys, when there is frequent desire to make water, albuminous urine and pain after voiding it, and perhaps also pains in the loins. He has no doubt that many cases which are looked upon as irritable bladders, or even stricture, consists of *disordered state* of the kidney.

Mr. Bransby Cooper recommends the following formula for gonorrhœa:—

℞. Balsam Copaib., ℥ss,
Pulv. Cubebæ, ℥i,
Liq. Potassæ, ℥ij,
Mucilag. Acaciæ, ℥ij,
Aquæ Puræ ad, ℥viij,
Sumat ℥i. ter die.

The same gentleman prefers cupping to leeching, in cases of swelled testicle, the former not being so likely to induce erysipelas.

Mr. Belinaye says very well, that in certain morbid states in persons of a highly nervous temperament, there is no propensity so intense as that of doing the very deed of which they have the most horror; the very magnitude of the act absorbs and fascinates the intellect. The remark has been made before, and is well confirmed by the imitations that invariably succeed any very remarkable suicide.

Mr. Smee, of Finsbury Circus, gives a case of glossitis producing suppuration. The cure was effected by a lance puncture made at a short distance external to the genio-hyoglossus muscle, carefully avoiding the artery which lies on its outside.

Mr. T. P. Teale, of the Leeds General Infirmary, gives a case of intestinal obstruction from stricture of the sigmoid flexure of the colon, treated by forming a lumbar artificial anus, after the manner adopted by Amussat. The patient, a female, aged 54, being placed on the right side, with the face and abdomen inclining downwards, Mr. Teale made an incision through the integuments four and a half inches in length, extending forwards from the outer edge of the sacro-lumbalis and longissimus dorsi muscles, midway between the lower ribs and the crest of the ilium, nearly parallel to the latter. The different layers of aponeurosis and muscle having been divided in succession upon a director, a considerable mass of fat was forcibly protruded at the wound. By the finger the packets of fat were detached, and the posterior surface of the colon was very readily felt, extremely tense and elastic, and was soon exposed to view, its pale blue tint and translucent aspect contrasting strongly with the opaque white fat in the neighbourhood. Two temporary ligatures were passed through the muscular and mucous coats of the colon, and a considerable quantity of air escaped through the punctures, which so far diminished the tension of the intestine, that Mr. Teale was enabled to pinch up a fold of it, and to open it with the scalpel, after which there was a profuse discharge of air and liquid fæces. The opening in the intestine was further dilated, in a vertical direction, by a probe-pointed bistoury, to such an extent as to allow of the introduction of three fingers. The edges of the intestinal aperture were then fixed to the external wound by four points of suture, and the wound of the integuments was united by two twisted sutures. The operation being completed, Mr. Teale and other surgeons present introduced the fore-finger into the artificial anus, and ascertained that the colon immediately below the aperture formed a thickened corrugated pouch, from which no opening into the lower part of the intestine could be detected, without instituting a more tedious search than was considered justifiable. The intestinal tunics forming this pouch, although much thickened and firmer than natural, did not communicate to the touch the indurated feeling of scirrhus. On passing the finger upwards into the descend-

ing colon, it was found to be capacious, its coats thin and elastic, possessing a perfectly healthy structure. The woman received relief from the operation, but died on the second day.

M. Bouisson, of Montpellier, makes use of the recent embryogenic studies in Germany to explain the formation of labial fissures. Meckel observed that the intestinal tube is at first perfectly closed at its superior extremity, and that the aperture of the mouth is subsequently formed by absorption, acting both from within outwards, and without inwards; thence separate openings have been observed, separated by yet existing adhesions; and M. Bouisson thinks that the same organic action which presides over the formation of the buccal aperture, presides also over the formation of the labial fissures. The edges of the mouth and the abnormal fissure are organized, it is known, in the same manner, are continued out by a rounded angle, and offer the same degree of colouration and sensibility. The upper lip is more frequently affected than the lower, because being situated between the mouth and the nostrils, it is subjected, it is supposed, to a double absorbent action.

Dr. Chambers, of Upton-on-Severn, gave a child, who had taken about five grains of the white oxide of arsenic, the following draught:—

Oxide of iron, three drachms;

Soft sugar, theriaca, of each four drachms;

Water, three drachms. To take milk to drink. A little opening medicine with mucilage completed the cure on the second day.

Dr. Neurer gives a case of a woman who never menstruated before marriage nor after, except when in a state of pregnancy. Her children were remarkably healthy, and she suffered no inconvenience from either irregularity. Her appearance was masculine, and it is presumed that in her case, as in that of most viragos, the sexual functions required some powerful excitant (as pregnancy) to cause performance. The use too of the menstruation in this case, in relieving the local fulness of the sexual organs which might prove injurious, ought not to be overlooked.

Dr. Watson, of New York, recently cured a severe case of Tetanus, arising from burns caused by caustic potash, by giving five grains of assafœtida every two hours, and assisting the medicine by a careful attendance to the state of the bowels. This is the doctor's third case of Tetanus cured successively by the same remedy. Dr. Markoe's account of the case induces us strongly to recommend this treatment to the consideration of practitioners.

M. Trousseau uses enemata of rhatany for fissures of the anus, and if we may rely on several cases given, we may look on this remedy as a specific. Four scruples of the extract of rhatany, one of alcohol, and 8ozs. of water, form the enema, which is administered twice or thrice the first day, and then once a day till the cure be effected. M. Brettonneau, who first introduced rhatany in these cases, recommends a constant current to be kept in the rectum.

Dr. Wright, after successfully proving against Dr. Golding Bird, that sulpho-cyanogen is a constituent of the saliva, gives the following as the different analysis of different authorities:—

According to Berzelius—

Water	992.9
Ptyaline	2.9
Mucus	1.4
Osmazome, with lactate of alkali	0.9
Chloride of sodium	1.7
Soda	0.2
	1000.0

In the analysis of saliva by Tiedemann and Gmelin, there were obtained from 1.14 to 1.19 per cent. of solid residue; this yielded 0.25 of ash, of which 0.203 were soluble in water, and 0.047 were earthy phosphates. One hundred parts of the residue of saliva furnished the following constituents:—

"1. A substance soluble in alcohol, and insoluble in water (fat containing phosphorus.)	
"2. Matters soluble both in alcohol and water (osmazome, chloride of potassium, lactate of potass, sulpho-cyanuret of potassium)	31.35
"3. Animal matter soluble in boiling alcohol, but precipitated on cooling, with sulphate of potass and a little chloride of potassium	1.25
"4. Matters soluble in water only (salivary matter, with abundant phosphate, and some sulphate of an alkali and chloride of potassium)	20.00
"5 Matters soluble neither in water nor in alcohol (mucus, perhaps some albumen, with alkaline, carbonate, and phosphate)	40.00
	92.50"

The saline constituents of saliva are, according to Mitscherlich—

	per cent.
Chloride of potassium	0.180
Potash combined with lactic acid	0.094
Soda	0.024
Lactic acid.	per cent.
Soda, probably combined with mucus	0.164
Phosphate of lime	0.017
Silicic earth	0.015

According to Dr. Wright, the following are the proportions that constitute healthy saliva:—

Water	988.10
Ptyalin	1.80
Fatty acid	.50
Chlorides of sodium and potassium	1.40
Albumen with soda	.90
Phosphate of lime	.60
Albuminate of soda	.80
Lactates of potass and soda	.70
Sulpho-cyanide of potassium	.90
Soda	.50
Mucus with ptyalin	2.60
Loss	1.20
	1000.00

MEDICO-POLITICAL MEMS. OF THE WEEK.

An address most respectably and numerously signed has been presented to Dr. Jacobs, of Maryborough, on his recovery from a recent severe illness. The worthy doctor seemed greatly moved by so marked an homage on the part of his professional brethren.

There has been another case of child-killing in consequence of bad druggist practice. A child of three months old was dosed with from "ten to twenty drops of paregoric" repeated at intervals. The jury seemed disposed to return a verdict of Manslaughter against the druggist, but contented themselves with administering a severe reprimand, on being told by the coroner, Mr. P. F. Curry, that the evidence scarcely warranted so strong a verdict.

Dr. Kingsley, of Roscrea, a medical reformer after our own heart, has set on foot the establishment of a Medical Benevolent Fund for Ireland. This is acting in the true highest spirit of medical reform. To carry happiness to the bosom of a fellow-mortal appears to us the only end which directly or indirectly is sought by medical reform, a consideration which invests the cause with sanctity to our minds. The rules and regulations submitted by Dr. Kingsley for his medical brethren's approval are conceived in the best spirit. The work will have, with our hearty "God speed ye," an annual mite.

Our readers will recollect that we gave a full account of an inquest at Brentford, and made some rather severe strictures on a druggist whose bad practice has made such judicial proceedings necessary. The Society of Apothecaries, yielding to the expression of public opinion on this matter, prosecuted the delinquent, Mr. Squire, and have signed judgment against him for seven penalties of 20*l.* each with costs. Two of the penalties are to be paid forthwith, the rest will be held suspended in terrorem, to secure his non-recurrence to illegal practice. We are told also that nothing but the sudden death of a druggist at Langport saved him from a prosecution for the illegal practice which resulted in the death of a child. If our friends furnish us with authenticated cases, we shall continue to take care to put them under the cognizance of the same authorities.

A gentleman from May Fair who does not give his name dwells on the dreadful cases of medical destitution which are every day being obtruded on individual benevolence. He suggests the importance of supporting the medical institutions founded to meet such cases, and of establishing others. The British Medical Association has already done much, but we cannot but think that if it would attend still more to this important department of its duties, it would be of much more unequivocal utility, and vastly increase its members.

We extract the following from returns to the House of Commons just printed:—

Number of Houses under the Care and Inspection of the Commissioners.

Pauper and private patients	4
Private patients only	32
Total	36

Expenses of Commission.

	£	s.	d.
Fees to two barristers	2920	0	0
Ditto to five physicians	6498	6	0
Salary of secretary	2000	0	0
Chaise hire, and other expenses	2165	17	10
Total	13,583	17	10

Average cost of inspecting each house, 388*l.*

Results.

Licences refused	1
Ditto, suspended	0
Ditto, revoked	0
Total	1

Of the thirty-two houses for private patients—

5 are kept by resident medical proprietors.

4 situated respectively at Clapham, Upper Clapton, Chelsea, and Fulham, by physicians resident in London.

16 by resident proprietors, not being medical men.

7 by non-resident proprietors, not being medical men.

Some medical gentlemen of Birmingham have formed a "Pathological Society for the Midland Counties." The rules are not dissimilar to those of the London Medical Society. B. Fletcher, M.D., and D. W. Crompton, Esq., are elected Secretaries for 1842.

ROYAL COLLEGE OF SURGEONS, LONDO

List of Gentlemen admitted Members, on Friday, March 18th, 1842:—

John Thomas Roberts Burroughs; Frederick Hamilton Simpson; Joseph Vardy; Peter Milner; Spencer Weston; Thomas Marsters Kendall; Robert Ransom; David Smith Moore Charles Chubb; Edward John Waring.

GENERAL ERUPTION OF VACCINIA,
OBSERVED AT THE HOSPITAL COCHIN.
By M. F. AUBRY.

THE instances are very rare in which an eruption of the pustules of vaccinia takes place at a distance from the spot where the lymph was inserted. The case related by M. Aubry is that of a female infant who was vaccinated when a week old, three punctures being made in each arm. Vaccination was performed on July 3, 1841; on the 10th, virus was taken from her arm in order to inoculate other children. Several small papulæ were observed on her body on the 10th of July; and on the 15th, eleven pustules, closely resembling those of the cow-pox, were seen on her abdomen and lower limbs. These pustules were of a flattened form, of a yellowish white colour, perfectly circular, with a slight depression in the centre, and surrounded by a bright red areola. The character of the eruption changed rapidly, and some of the pustules presented a brown scab; but this was not the case with all. The question of the nature of these pustules, however, was soon set at rest by vaccinating a child from them, when pustules were produced which underwent precisely those changes which are characteristic of chicken-pox.

M. Cazenave denies that the pustules which occur on the body of patients who have been vaccinated are real vaccine pustules, except in those cases in which they have been produced by the person inoculating himself by scratching the skin of some part with his fingers accidentally moistened with vaccine lymph from the parts where the puncture was made. But it cannot be supposed that in this case all the eleven pustules were thus produced; and we must therefore admit the possibility of a secondary eruption of vaccinia consequent on the absorption of the virus into the blood from the place where it was inserted. Nevertheless, it is probable that in the greater number of instances in which this has been supposed to occur, the eruption observed were either varicella, or some varioloid eruption modified by vaccinia.—*Archives Générales de Médicine, and Brit. and For. Med. Rev.*

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